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Also known a 53 8. Daraszkazicz, Dersca	501BALTIMORE CITY HE	ALTH DEPARTMENT		8501
BIRTH Mereskevicius. I	Deresczkewicz)	E OF DEATH	Registered N	YO
1. NAME OF DECEASED (Type or Print) Seresca (age, Wi	lliam	OF DEATH	20-1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	Baltimore eizy.	4. USUAL RESIDENCE (WH	nere deceased lived. If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospits HOSPITAL OR F2 ankly)	al or institution, give street address or location) Sq Varl Hospital.	c. CITY OR TOWN (If o		s, write RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If ru	ural, give location)	#25
5. SEX 6. COLOR OR RACE W.	7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years H	f Under 1 Year on this Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) Tailor	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	OOL O - MARCI	14. MOTHER'S MAIDEN NAM	thuania	U.S.A.
UNKA	OWN	UNKHOWI	V	
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or whitnown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	15512 MI	DDRESS
DISEASE OR CONDITION IN LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication with the complete comp	DIRECTLY TH f dying, e.g., ns the disease, aused death.) ES F ANY, GIVING STATING THE DUE TO	rebral The		INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21a. ACCIDENT, SUICIDE,	218. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If	in Baltimore City, g	YES NO
HOMICIDE (Specify)	about home, farm, factory, street, office bldg., et	injury occur?	in Bartimore City, g	ive exact location)
TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE M. WORK AT WORK	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I atte	ended the deceased from 9,	10 , 1953, to 7		3that I last saw the he date stated above.
23A. SIGNATURE		3B. ADDRESS ing Jan	are Hospita	230. DATE SIGNED
24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETER	RY OR CREMATORY 24D, LO	CATION (City, town,	or county) (State)
Burial 9/23/57	STISTANISH	AUS DUN	013/4 KD	14/0.
DATE RECEIVED BY REGISTRARS	SIGNATURE	25. FUNERAL DIRECTOR Charles W. Kachaus	ikas 703 McH	ADDRESS
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VS 150	590	46		

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TO REMOTE ST.	reclaration of the Depth of		

D-563 BIRTH NO.3 8502

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8502
Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SHIGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9 AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 11561880 Widow IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life even if retired) INDUSTRY WHAT COUNTRY? Jourseurle 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME edrick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, so or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. 18. INTERVAL BETWEEN 420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20, AUTOPS YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY WHILE AT NOT WHILE Sept 20, 1993 that I last saw the 22. I hereby certify that I attended the deceased from. 19 5 3, and that death occurred at 10 30 Am., from the causes and on the date stated above. deceased alive on 234. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) unia DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

pr Richter 3128 Harford ave

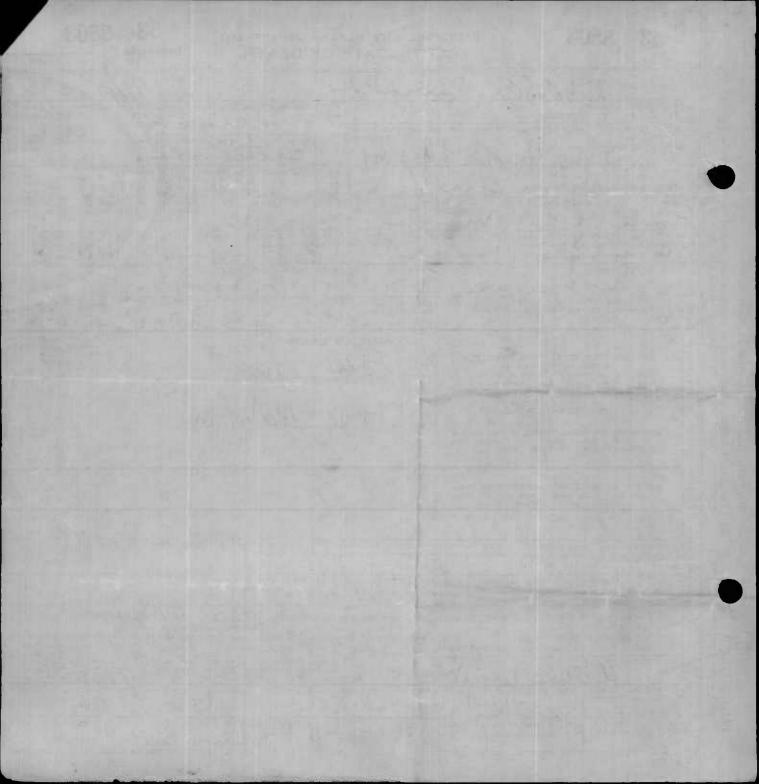
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53	8503

BALTIMORE CITY HEALTH DEPARTMENT

53 8503

	CERTIFICATE OF DEATH Registered No.	
	1. NAME OF DECEASED (Type or Print) Sulia & Ruy Corroll 2. DATE OF DEATH 9/10	153
	A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where receased find. It instance City, Maryland B. COUNT)	stitution: residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OF TOWN (If butside corporate limits, value) Solves Hop Has Hosp Has	write RURAL and give
	c. Length of stay in Baltimore Colo Mos. Days 13 0 2 C. Clark Williams	
6	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, (Specify) 8. DATE OF BIRTH 9. AGE (In years) Hungle (Specify) May 19. 19. 2 last birthday) Month	der i Year hs: Days Hours Min.
-	Thousand Items (Industry Bettimone	WHAT COUNTRY?
	13. FATHER'S NAME UNCOUNT 14. MOTHER'S MAIDEN NAME UNCOUNT	
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 11 Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 12 TABLE BASS 73 + 1	enmount
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
NOITA		
FRIEIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
	1	20. AUTOPSY?
FDICA	21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK	
	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Infairy the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), und	thereon and from day stated above, etermined []
	23a. SIGNATURE. 23b. CHIEF MEDICAL EXAMINER	20-53
	24A. BURIAL, CREMA- 10 PREMOVAL (Specify) 9/23/53 WW WWW Ballisher Ballisher	
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR A LOCAL REGISTRAR A LOCAL REGISTRAR	Broutty



S-30 CERTIFICATE A	MENDED 10/19/53 ES
	TY HEALTH DEPARTMENT 53 8504
TH NO. 53 8504 CERTIFIC	CATE OF DEATH Registered No.
NAME OF DECEASED Smith Mar	2. DATE 0F 9/201953.
LACE OF DEATH: Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where deceased lived, If institution: residence
ULL NAME OF (If not in hospital or institution, give street ad	dress or Manyteaner, 25-06
TITUTION Franklir Squeeze M. spisal	Ballimore Browly township
De la la De la	Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1437 Chesapeaks Court
Length of stay in Baltimore EX [6.COLOR OR RACE] 7. SINGLE, MARRIED.	B. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
F W. WIDOWED, DIVORCED	(Specify) Aug. 16 1898 last birthday) Months Days Hours Min.
oped dring most of working life, even if retired) OUT SECURION (Give kind of 10B. KIND OF BUSINESS IND	OR USTRY OHIO 11. BRTHPLACE (State or foreign country) WHAT COUNTRY OHIO 12. CITIZEN OF WHAT COUNTRY
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
10) BL19 WIIIIM	MALY GATION
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFORMANT ADDRESS
18. , γγ3 X CA	USE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	b i
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	Brain lamor
injury or complication which caused death.) DUE TO	(meningioma)
ANTECEDENT CAUSES	Wilmie Bama.
DISEASES OR CONDITIONS, IF ANY, GIVING	wamie Coma:
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
II .	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION 20, AUTOPSY?
7	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, off	
21p ME (Month) (Day) (Year) (Hour) 21E. INJURY OC	CCURRED 21F. HOW DID INJURY OCCUR?
	T WHILE T
22. I hereby certify that I attended the deceased from	
deceased alive on 4/70 5 19 3. and that death	
23A. SIGNATURE	236. ADDRESS 23c. DATE SIGNED
	.o. Franklin Sy vari Regardal. 9/20-53
BURIAL CREMA 24B. DATE 24C. NAME OF C	EMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
TE BECEIVED BY DECISION OF A	10 NB1 108/10.
TE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
4-1- 1- 14/15 3 D	July X . Be ceedy
Vs 150	13. E. Fact by
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See query reply in Document file.

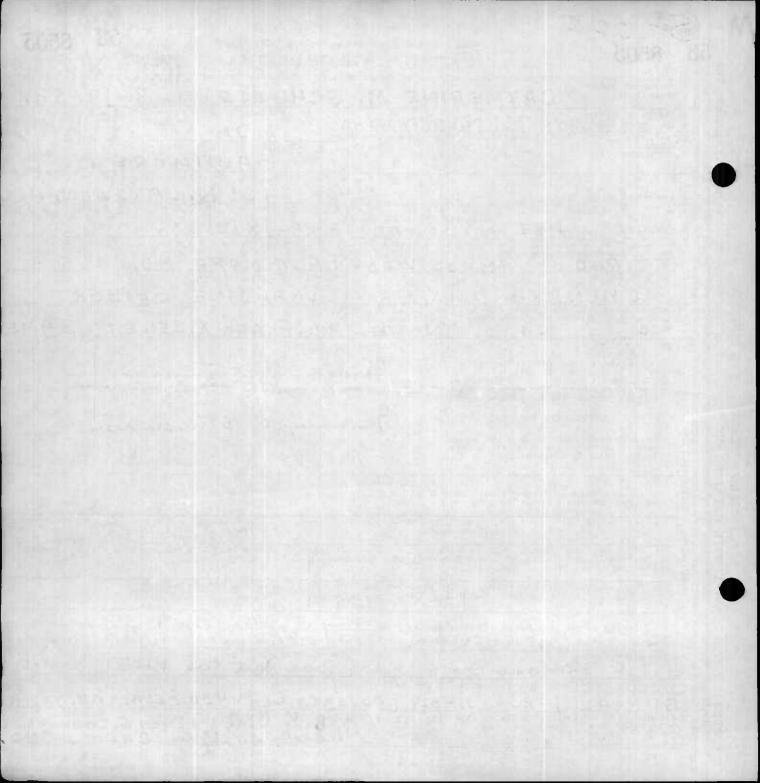
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5	8505
	BIRTH NO.
	1. NAME OF DECEASE (Type or Print)
	3. PLACE OF DEATH: A. Baltimore City, M
	B. FULL NAME OF (HOSPITAL OR INSTITUTION
6-2-0-	
	c. Length of stay in
200	5. SEX 6. COL
	FEMALE W
4	10A. USUAL OCCUPATI work done during most of working
2	RETIRED

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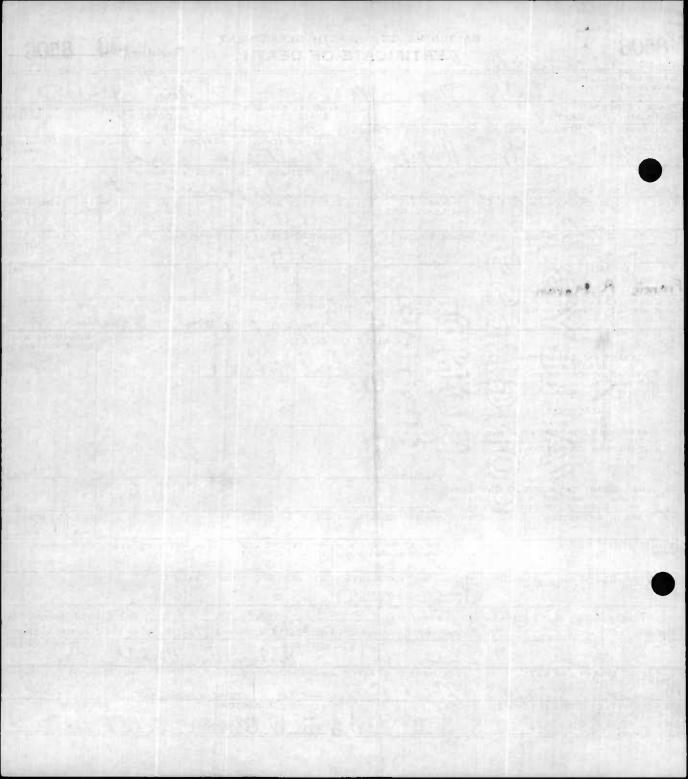
BALTIMORE CITY HEALTH DEPARTMENT

53 8505

1		0.000			CERTIF	FICATI	E OF D	EATH	Registered N	0
=		RTH NO.		-					Lo Dime	
		NAME OF DE	CA	THER	INE	М.		UTTE	OF DEATH	19-53.
	A.]		ity, Maryland	31 N.I	-AKEW		4. USUAL A. STATE	RESIDENCE (V	Where deceased lived, If	nstitution: residence before admission)
	HO	SPITAL OR STITUTION	OF (If not in hospi	tal or institution	on, give stree	location)	c. CITY OF	TOWN (If	outside corporate limit	write BURAL ad give township)
	2	V						DAL	IIMOKE	
1	с.	Length of st	ay in Baltimore		LIF	Yrs. Mos. Days	D. STREET	731	rural, give location) N. LAKE	WOOD AVE.
1			6. COLOR OR RACE		, MARRIED,		8. DATE OF	BIRTH	9. AGE (In years II	Under I Year Il Under 24 Hours nths: Days Hours Min.
1	0 -	EMALE	WHITE	WIL	DOWL	ラク	6-19	-1870	83	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	B	ETIR	CUPATION (Give kind of working life, even if retired)		OF BUSINE	NDUSTRY ORK	BAL-	TIMOR	PE, MD,	U, S, A,
1	13.	FATHER'S N	IAME				14. MOTHE	R'S MAIDEN N	AME	
1	15	SIGN WAS DECEASE	DEVER IN U. S. ARME	BAUN	ME 16. SOCIA	R	GER	ALDIN	IE SEIE	BERT
1	(Yes,	, no or unknown)	(If yes, give war or dat	es of service)	SECUR	RITY NO.	17. INFOR	MANT	V	DDRESS
ı,	-	100 1	NO		NOV	IE	MKZ	-KANK	Y' ZEITEL	
		18. 42	2.1			CAUSE	OF DEATH	1		ONSET AND DEATH
11	-	DISEAS	E OR CONDITION			1	0	25		
		(This does	not mean the mode	of dying, e.g	(A)	- Car	deac	WELOW	prusalion	
		injury or	re, asthenia, etc. It me complication which	caused death.	DUE TO	^				
			ANTECEDENT CAU	CEC		Q.				
	7		ANTECEDENT CAU	555	(B)	1 Jen	maly	se an	trisclero	sud .
1	O		OR CONDITIONS,		G		/			
1	A	UNDERLY	ING CONDITION	AST.						
1	Ď.				(C)				••••••	
	ERTIFICATION	OTHER SIG	II NIFICANT CONDITION DEATH BUT NOT	S CONTRIBU RELATED TO	TING THE					
	Ö .	The second second second	R CONDITION CAUSIN	IG IT. 198. CONDI	TION FOR I	WHICH O	PERATION	LE OPERA	TION WAS RELATED T	o I 20. AUTOPSY?
1	AL			WAS PERFO	RMED			PART I	OF DEATH, ENTER I	N YES NO
	EDICA	OR CONTRIE	ENT WAS UNDERLY BUTING CAUSE C IFY MEDICAL EXAMIN	F about b	PLACE OF			URY OCCUR?	(If in Baltimore City,	give exact location)
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 2	LE. INJURY	OCCURR	ED 211	HOW DID IN	JURY OCCUR?	
		OF INJURY	4	m.	WHILE AT WORK	NOT WHI AT WOR				,
		22. I hereb	y certify that I a	ttended the	deceased f	rom_n	ray 16	0, 1948, to_	Fipt 14, 195	3 that I last saw the
1			live on Sept							he date stated above.
		23A SIGNA	TURE	0		M. D.	350 (SS -	are. Bolto.	9-21-5;
0	24	A. BURIAL,	CREMA- 248. DATE		24c. NAME		RY OR CREM		OCATION (City, town	or county) (State)
	TIC	N. REMOVAL (S	AL 9-2.	3-53	HOLY	0-	EMER	CEM 44	30 BELAIR	100 1 1
		ATE RECEIVE OCAL REGIST		R'S SIGNATU	RE 3 O	3	25 FUNE	AL DIRECTOR	1. 9015.	CONKLING ST.



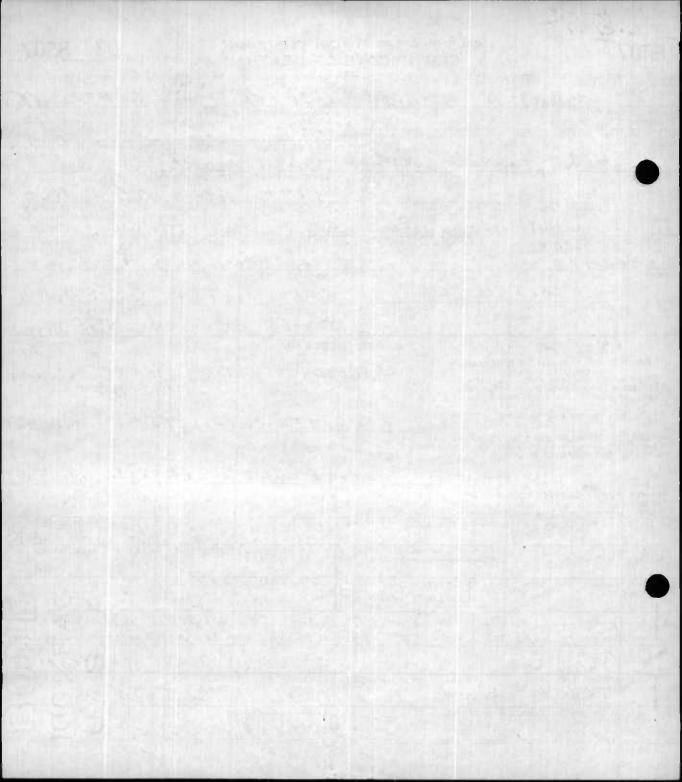
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AROG BALT	MORE CITY HE	ALTH DEPARTMENT	5	3 0000
	ERTIFICATE	OF DEATH	Registered 9	8 8506
IRTH NO. 9 2 - 2 2 1 6 9				
NAME OF DECEASED Saby	Boy M	orah	2. DATE OF DEATH	-21-53
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, If in	stitution : residence before admission)
FULL NAME OF (If not in hospital or institution		Maryland	Balta	21 04 000
OSPITAL OR	location)	c. CITY OR TOWN	If outside corporate limits,	
University H	ospital	Baltemar	e Jud	township)
	Yrs.	D. STREET ADDRESS (If rural give location)	1256
Length of stay in Baltimore	Mos. Days	3 alab	and CT	
SEX 6. COLOR OR RACE 7. SINGLE, I	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH		ths: Days Hours: Min.
M W		9-21-53		. 12
DA. USUAL OCCUPATION (Give kind of k done doring most of working life, even if retired)	F BUSINESS OR	11. BIRTHPLACE (State or	foreign country) 1	2. CITIZEN OF WHAT COUNTRY?
The state of the s	~ INDUSTRI	Baltimore		WHAT COUNTRY!
B. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Francis R. Maran		7 /		
. WAS DECEASED EVER IN U. S. ARMED FORCES? 1	6. SOCIAL	17. INFORMANT	AD	DRESS
s, no or onknown) (If yes, give war or dates of service)	SECURITY NO.	Francia R 1		chema cti
18. 7 6 2 4 0	CAUSE (OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH		Atelectasi	2	100 DINE
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A)			
injury or complication which caused death.)	DUE TO			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)			**
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO			
II	(C)			
OTHER SIGNIFICANT CONDITIONS CON-				Section 1
TO THE DISEASE OR CONDITION CAUSING IT.		*************************************	***************************************	
19A. DATE OF OPERATION 19B. MAJOR F	INDINGS OF OPER	ATION		20. AUTOPSY?
				YES NO
	E OF INJURY (e. g., in a, factory, street, office bldg., et		(If in Baltimore City, gi	ve exact location)
TIME (Month) (Day) (Year) (Hour) 21	E. INJURY OCCURRE	D 21F. HOW DID INJU	RY OCCUR?	
NJURY	LE AT NOT WHILE			
22. I hereby certify that I attended the de	0	21- 1953 to	9-2/ 1953	that I last saw the
		red at 2:10 Pm., from		
23A. SIGNATURE O		3B. ADDRESS	- 1	23c. DATE SIGNED
W. J. Heim	Security States (Control of the Control of the Cont	Univers	ity Hospilal	9-21-53
	C. NAME OF CEMETER	RY OR CREMATORY 24D.	LOCATION (Onty, town, o	r county) (State)
ON REMOVAL (Specify) 9/22/53	Ten POT	Thedral B	alling	me
ATE RECEIVED BY REGISTRAR'S SIGNATURE	1	76. FUNERAL DIRECTOR	2	ADDRESS
OCAL REGISTRAR	6 0 0	ente on ma	ran _ 3000 b	E. Ballo. St.
		A VAL TI 11/0	1 WN _ 2000 6	· Jacob. W-
VS 150	7 7 4			



= 255 8507

CERTIFICATE OF DEATH Registered \$53 8507 BALTIMORE CITY HEALTH DEPARTMENT

RTH NO.	L OI DEATH
NAME OF DECEASED	2. DATE
pe or Print) MARTHA LOUISE	ECKMAN DEATH SEPT21,183
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
ULL NAME OF (If not in hospital or institution, give street address or	[
SPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURA), and give
4120 Humilton Cer	BALTIMOREU/ (township)
77 Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days	4120 HAMILTON AVE
F 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH AUG 27, 1876 9. AGE (In years it Under 1 Year It Under 24 Hours Min.
. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY?
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LEWIS COLE	
	17. INFORMANT ADDRESS
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	JAMES ECKMAN 4130 MILTON
18. 420.0 end 260X CAUSE	OF DEATH INTERVAL ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	PLACE COLE OF THE MICH OF
(Antib does not meet the mode of djing, c. g.,	RIOSCLEROTIC HEART UNKNOW,
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DISEASE
ANTECEDENT CAUSES	BETES MELLITUS UNKNOWN
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
C.	MERULOSCLEROSIS UNKNOWN
(c) <u>(c)</u>	IMERULOSCIEROSIS UNKNOWN
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
	YES NO A
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about home, farm, factory, etreet, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, give exact location) stc.) INJURY OCCUR?
ME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 15	AUG, 1953, to 215EPT, 1953, that I last saw the
	red at 6:40 Am., from the causes and on the date stated above.
23A. SIGNATURE 2	38. ADDRESS 23c. DATE SIGNED
CO Case M.O.	112 WZ5TAST SEPTZI,53
A. BURIAL, GREMA- 20B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Sept 27-1913 Baldo U	Shate Battemne
TE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
The state of the s	20m Cook Inc - 12,7 St Paul St
Vic see	



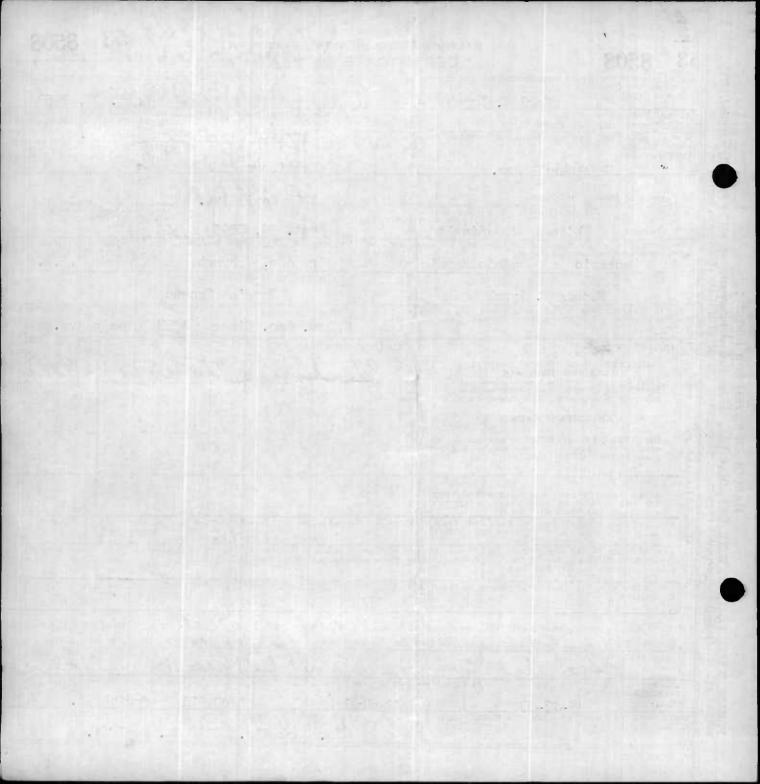
l. The				
	lly supplied.			
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAIL IV, WITH UNFADING INK. Every item of information should be caully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibry.			
	PLE.			

L-520

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	53	8508
Registered	No.	

53 _{BIRTH} 8508	CERTIFICATI		Registered No.	0000
1. NAME OF DECEASED (Type or Print)	T. Lynch		2. DATE OF DEATH Sept.	21, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE	CE (Where deceased lived, If ins B. COUNTY	titution : residence hefere admission)
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION	al or institution, give street address or location)	Marylahd c. CITY OR TOWN	(If outside corporate limits (vrite EULAL and give township)
T909 Cecil A	ve.	Baltimore	(If rural, give logation)	
c. Length of stay in Baltimore	Yrs. Mos. Days	T909 Ceci	Ave	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	Sept. 19,	last birthday) Month	der I Year H Under 24 Hours ns Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work doos during most of worklog life, even If retired) Auto Mechanic	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State	te or foreign country) 12	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAID		
Thomas F. Ly		Harr	iet Bashau	
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	D FORCES? 16, SOCIAL SECURITY NO.	Mrs. Geo. Di		Le Ave.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
_ _ _ _ _ _ _ _ _ _	9B. CONDITION FOR WHICH OF NAS PERFORMED	CAL	OPERATION WAS RELATED TO USE OF OEATH, ENTER IN RT I OR PART II	YES NO P
21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINE OF INJURY OF INJURY	F about home, farm, factory, street, office	ED 21F. HOW DI	DID (If in Baltimore City, gi	ve exact location)
22. I hereby certify that I attended the deceased from "In ty, 19, to The part of that I last saw the				
deceased alive on 97, 1912 and that death occurred at p.m., from the causes and on the date stated above. 23A. SIGNATURE 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED 23C. DATE SIGNED				
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	1 24C. NAME OF CEMETE		24D. LOCATION (City, town, or	
Burial 9-23-53 DATE RECEIVED BY REGISTRAR	New Cathedra	25. FUNERAL DIREC	1300 Old Frederick	Rd.
SEP Z Z IJUJ I jum		Wm. Cook Inc.	. I2I7 St. Paul S	St.
VS 150	55	083		*



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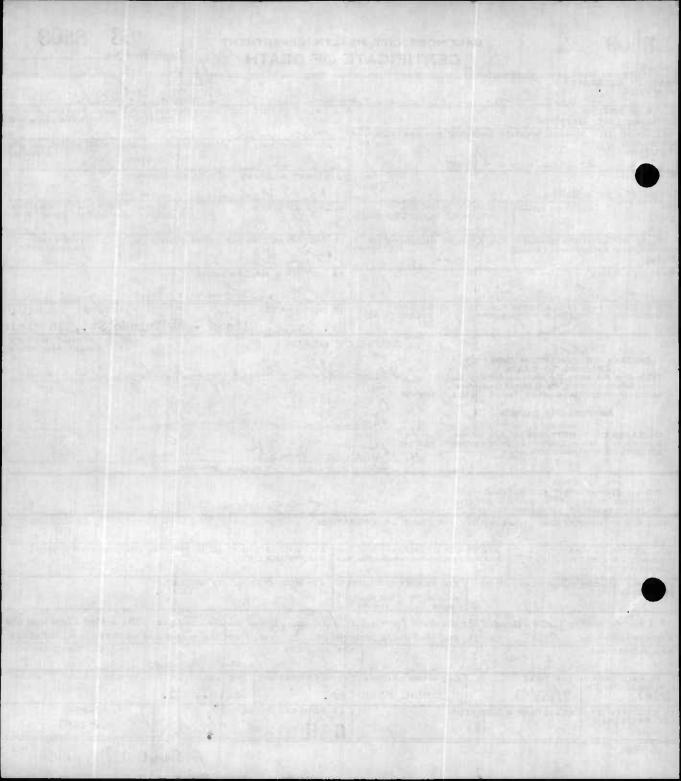
NAME OF DECEASED pe or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8509 Registered No.

2. DATE OF DEATH

pe or Print)	muss an	ma	Florence Co	malle	DEATH 9/2	20/53
PLACE OF DE Baltimore Ci	ATH: ity, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If	institution: residence before admission)
TULL NAME OF		al or institu	tion, give street address or location)	marghanel	12 alt	Land With Box
STITUTION	<	2/-	o do d	C. CITY OR TOWN (II	outside corporate limit	s, write RURAL and give township)
7	secours	74-0-	Yrs.	D. STREET ADDRESS (If	rural, give location)	
Length of st	ay in Baltimore		Mos. Days	1844 Rolle	in Knad	
	6. COLOR OR RACE		E, MARRIED. VED, DLYORCED (Specify)	8. DATE OF BIRTH		Under 1 Year H Under 24 Hours onths: Days Hours: Min.
F	W	5	- gle (Specify)	10/7/1876	76	Days Hours Min.
	UPATION (Give kind of working life, even if retired)	108. KIN	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
none				Dalto		U.S.
FATHER'S N	AME	0.0		14. MOTHER'S MAIDEN N	AME	
John MAN DECEASE	J. Com	elly		mary to	nice To	ey
no or nnknown)	O EVER IN U.S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DEFESS N.J.
rio			no	Mr. Samuel Gibso	n - 64 Tuxedo	St., Montclai
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	- 11			enter tour		
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TO THE DIS	EASE OR CONDITION	CAUSING	IT	- was every	,	
19A, DATE OF	F OPERATION 1	9B. MAJOF	R FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDE	NT WAS UNDER-	218. PL	ACE OF INJURY (e. g., i		lf in Baltimore City,	
LYING OR	CONTRIBUTING [about home	farm, factory, street, office bldg.,	tc.) INJURY OCCUR?		
	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
OFURY		m.	WHILE AT NOT WHILE			
22. I hereby	certify that I att	ended the	deceased from	8/15 1953 to	9/20 ,195	A that I last saw the
deceased ali	~ / ~ -	-	and that death occur	red at 8 Am., from t		he date stated above.
23A, SIGNAT	P. Rest P	P.	2 M. D.	38. ADDRESS	2/20	9 SO J3
A. BURIAL, C	REMA- 24B. DATE	17/30	24c. NAME OF CEMETE	RY OR CREMATORY, 24D. L	OCATION (City, town	
N. REMOVAL (SE	9/22/53		Loudon Park (Cem. Balt	o., Md.	
TE RECEIVED		S SIGNAT	URE	25 FUNERAL DIRECTOR	1 /1/	AUDRESS
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VS 150		- 0		1/1	BADA	2 Mid.
				V	Much 1	1101000



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE ne or Print) OF DEATH PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived of institution: residence before admission) Baltimore City, Maryland (If not in hospital or institution, give street address or FULL NAME OF (If outside corporate limits, write AURAL and give SPITAL OR location STITUTION Yrs. Mes. Length of stay in Baltimore Pays 6. COLOR AR RACE If Under 1 Year 7. SINGLE, MARRIED. 9. AGE (In years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. OCCUPATION (Give kind of 11. BIRTHPLACE CITIZEN OF done during most of working life, even if retired) 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES 16. GOCIAL ADDRESS SECURIT INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

LYING OR CONTRIBUTING

DUE TO

19a, DATE OF OPERATION 1 19B, MAJOR FINDINGS OF OPERATION

20. AUTOPS (If in Baltimore City, give exact location)

218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-

about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

ME (Month) (Day) (Year) (Hour)

22. I hereby certify that I attended the deceased from 20 . 1925, that I last saw the p.m., from the causes and on the date stated above.

deceased alive on 21 Jest 1953, and that death occurred at 2 23A. SIGNATURE 23B. ADDRES

23c. DATE SIGNED

acuri

21c. WHERE DID

INJURY OCCUR?

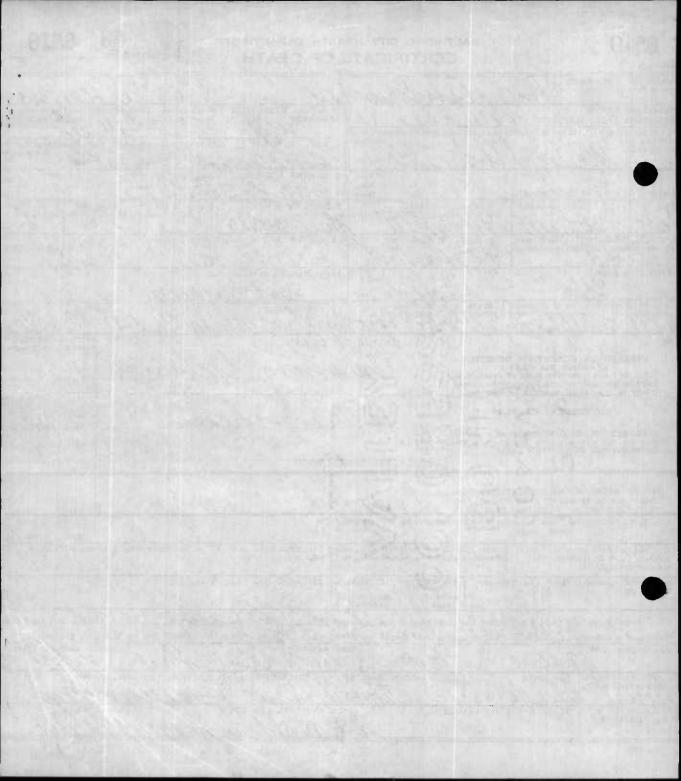
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TE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR

ADDRESS

CAL REGISTRAR

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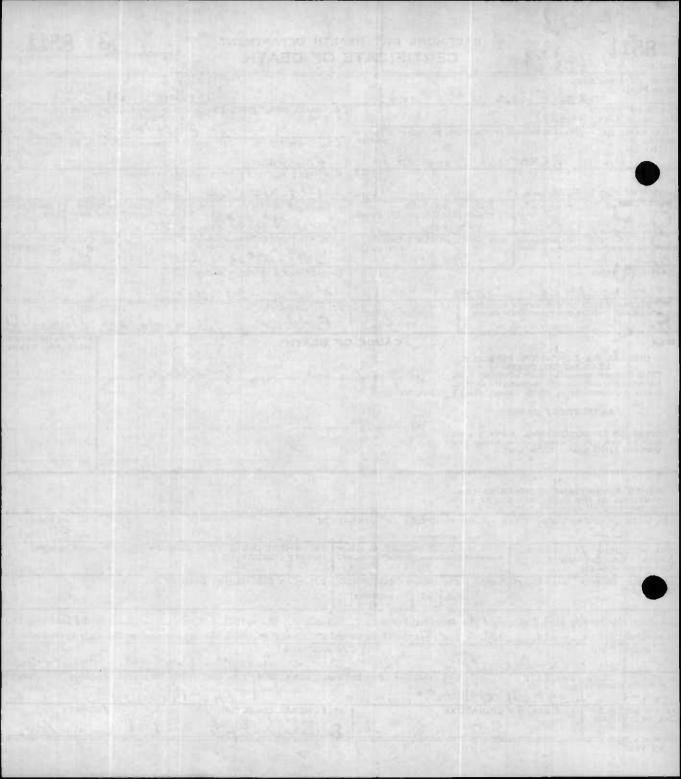


8511 FH NO. 51-13682

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

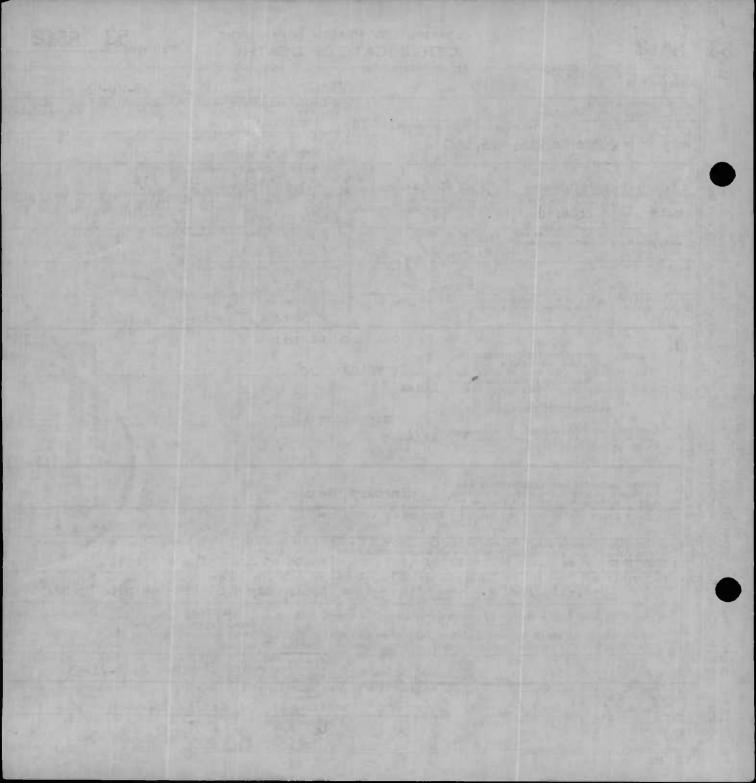
Registered No. 8511

PLACE OF DECASED CLACE OF DEATH: Baltimore City, Maryland ULL NAME OF (If not in hospital or institution, give street address or TITUTION) 1. USUAL RESIDENCE (Where deceased lived. If institution: residence and the street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and the street address or location)	
CLACE OF DEATH: Baltimore City, Maryland ULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and Institution)	
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ULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and C. CITY OR TOWN)	
SPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL an	ssion)
	d give
Union Memorial Hospital Joppa	nship)
(Yrs) D. STREET ADDRESS (If rural, give location)	
Mos. Mos.	
ength of stay in Baltimore Days Old Joppa Kd. EX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) Il Under Il Under	24 House
WIDOWED DIVORCED (Specify) last hirthday) Months: Days Hours:	Min.
Emale White Single June 19,1953 2 yrs.	
. USUAL OCCUPATION (Give kind of one during most of working life, even if retired) 10B. KIND OF BUSINESS OR III. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	VTRY7
none none Baltimore, Md. USA.	
FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Angelo A. Conti Mary Conners	/
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS	
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0440	Y HEALTH DEPARTMENT	Registered No.	8512
1. NAME OF DECEASED (Type or Print) BERNARD	EGGERSON	DEATH 9-21-5	3
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street add	4. USUAL RESIDENCE (WAS STATE LOUISIANA	here deceased lived, If inst. B. COUNTY	itution : residence before admission)
		outside corporate limits, wi	rite RURAL and give township)
c. Length of stay in Baltimore 2nd Kuwun		ett St.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED OF COLORED OF C	act. 5, 1909	last birthday) Months	Days Hours Min.
Cook Steamship C	OR 11. BIRTHPLACE (State or for state)	1	WHAT COUNTRY
13. FATHER'S NAME Willie Eggerean	14. MOTHER'S MAIDEN N.	Carter	
15. WAS DECEASED EVER IN U. S. ARMED/FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY	NO. 17. NEOFMANT LO	pie, New Oll	eane, La
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TO THE DISEASE OR CONDITION CAUSING IT.	nary Edema		
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218. PLACE OF INJURY UNDERLYING A OR CONTRIB- UTING LI CAUSE OF DEATH. 218. PLACE OF INJURY about home, farm, factory, atroct, offi harbor		f in Baltimore City, give of Arın Street	exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC OF INJURY 9-21-53 3:00 A. WHILE AT HOT		l from ship to	harbor
22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection and death in my opinion resulted from: natural	n or Inquiry, find that said de	Inspection or Inquiry eccased died on the d	hereon and from lay stated above etermined .
23A. SIGNATURE 9. Jacking	238. CHIEF MEDICAL ASSISTANT MEDICAL M.D. MEDICAL INVESTIGAT	EXAMINER 23c. D	ATE SIGNED
24a. BUMAL. CALMA- 24B. DATE 24C. NAME OF GE TION REMOVALI(STRAITY) Sept. 26. 1953 O Follo	EMETERY OR CREMATORY 240. L.	Walleaue,	ounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Charles R. Z	an 802 Ma	dising By
VS 151 N 990 X . 7	5455		V



8513 BALTIMORE CITY HEALTH DEPARTMENT 8513 Registered No_ CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE pe or Print) OF RROOKS DEATH PLACE OF DEATH: Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or ULL NAME OF MIMBRE location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give TITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. WICKTORD Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF lone during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Pres. Brooks Elec. Supply Co. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS no or unknown) SECURITY NO. Mrs. Jas. V. Brooks 11124 Wickford Road INTERVAL BETWEEN 204,1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Leukemia 1 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT 22. I hereby certify that I attended the deceased from_ 19____ to_ , 195 3that I last saw the deceased alive on_ 9/22, 1953, and that death occurred at_

9:004m., from the causes and on the date stated above. 23c. DATE SIGNED

23A. SIGNATURE

24B. DATE 24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) Baltimore, Md.

N, REMOVAL (Specify) Burial

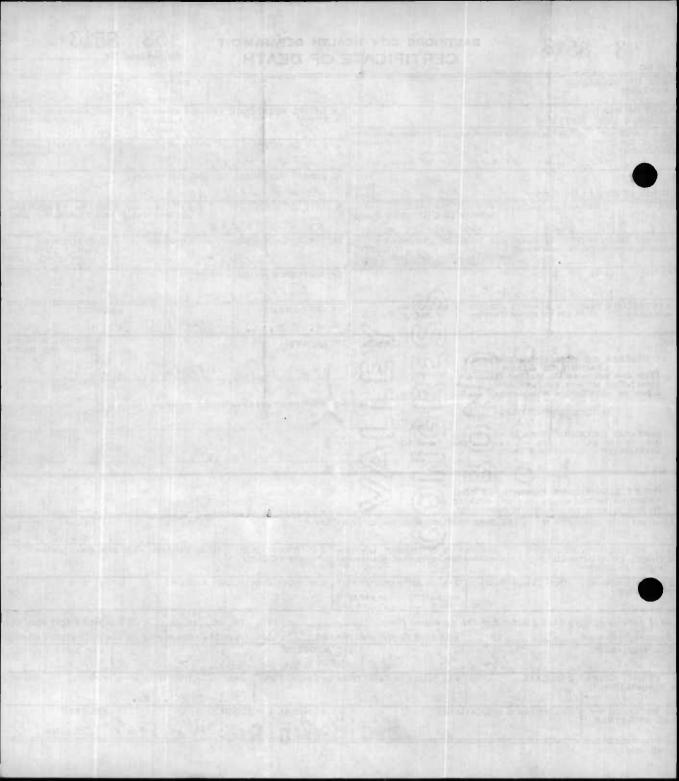
New Cathedral

25. FUNERAL DIRECTOR

ADDRESS

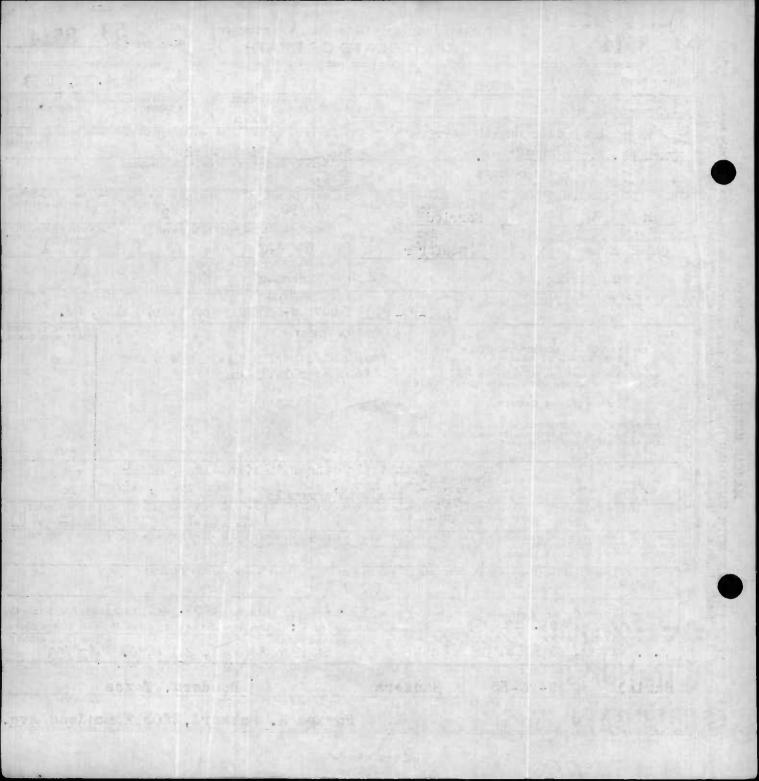
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23B-ADDRESS



The

1	M-3.	20	DAI	_TIMORE CITY HE	ALTU DEBAR	TMENT	I.	52 6	
53	851	4		CERTIFICATI			Registered	13 E	3514
	TH NO.			02:::::::::::::::::::::::::::::::::::::			2.77		
	pe or Print)	ALBERT ,	JOHAN M	TTAG			DEATH	pt. 22,	
	Baltimore C	ity, Maryland			4. USUAL RESID		deceased lived. Is	f institution bef	: residence ore admission)
HO	ULL NAME SPITAL OR STITUTION	US Public He	al or institut ealth s	don, give street address or ervice location)	c. CITY OR TOW		ide corporate limi	ts, write RU	JRAL and give township)
Tal	yman Pk.	Drive & 31s	t st.	Yrs.	D. STREET ADDR	ipe Cree			
		tay in Baltimore	days	Mos. Days					
5.	M M	6. COLOR OR RACE	WIDOW	E, MARRIED, VED, DIVORCED (Specify) 'ried	9/4/90	"Н 9.	AGE (In years last birthday) M	if Under 1 Year onths: Days	If Under 24 Hours Hours Min.
		CUPATION (Give kind of f working life, even if retired) a te		of Business or INDUSTRY	11. BIRTHPLACE Germany		n country)	12. CITIZ WHA	TEN OF T COUNTRY!
13.	FATHER'S N		A 3/4		14. MOTHER'S M				
		x Mat tag			Unknown	1			
15. (Yes,	mo or naknowa)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records- US	PHS Hos		lto, Me	ž.
RTIFICATION	DISEASES	ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA	EES F ANY, GIVII STATING TI	(B) NG HE DUE TO (C)					
Ш	OTHER SIG	II NIFICANT CONDITIONS DEATH BUT NOT I	CONTRIBUTED TO	Metastatic UTING Lymph node THE Lymph node and bot	cancer in abdomina	right lu 1 lymph	ng, hilar nodes, li	ver no	S
AL C	19A. DATE O	F OPERATION 1	98. CONDI	TION FOR WHICH OF	PERATION	CAUSE OF I	DEATH, ENTER	IN YES	
EDIC	OR CONTRIB	ENT WAS UNDERLY BUTING CAUSE OF IFY MEDICAL EXAMINE	about	B. PLACE OF INJURY (home, farm, factory, etreet, office	(e. g., in or 21C. WHI bidg., etc.)	ERE DID (If i	n Baltimore City	, give exac	t location)
Σ	210. TIME (OF INJURY	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT HOT WHI WORK AT WOR	LE	א סום ואטער	Y OCCUR?		
	22. I hereb		tended the	deceased from Aug	g. 14 , 195 cred at 8:45An		causes and on	the date s	stated above
	J. A. HU	TURE /// . CE	Hur	etor			Balto,Md.	9/22	ATE SIGNED
24 TIC	A. BURIAL.	248. DATE 9-26-	53	24c. NAME OF CEMETE Bandera	ERY OR CREMATOR		TEX. Text		(State)
DA LC	TE RECEIVE	D BY REGISTRAR			25. FUNERAL DI	RECTOR		ADDRE	
	VS 150				0 3	Q			

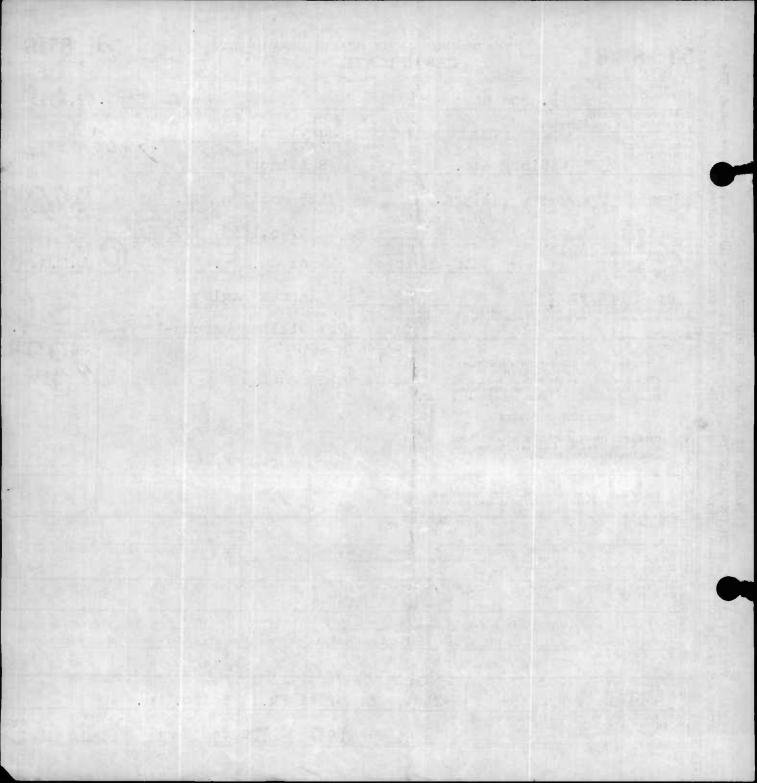


CERTIFICATE AMENDED 9/29/53 ES BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 12. DATE #122 NAME OF DECEASED LACE OF DEATH: Saltimore City, Ma ULL NAME OF PITAL OR

Registered N3 8515

be or Print) Abraham Harris.	OF DEATH
LACE OF DEATH: Baltimore City, Maryland	4. USUAL DESIDENCE (Where deceased lived, If institution: residence A. STATE before admission)
ULL NAME OF (If not in hospital or institution, give street address or SPITAL OR	MU. UJA
TITUTION Littleran tosportel of M.	c. CITY OR TOWN (If outside corporate limits, write RERAL and give stownship)
Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Mos. Days	4010 thictor Road
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	July 23.1888 9. AGE (In years of Under I Year Months: Days Hours Min.
USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Morrie	Janne
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Some Havis Holow Read 4010
B. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and sal solation and our
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	crace porce per-
injury or complication which caused death.) DUE TO SOL	B. Day
ANTECEDENT CAUSES	ted viscus - probably peptic
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ulcer.
UNDERLYING CONDITION LAST. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.	ATION GENERAL 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH	
21D ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED IRY	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	alles Alas Ics
22. I hereby certify that I attended the deceased from	19, 19, to 9/22 1919, that I last saw the
	red at 1.35 My rom the causes and on the date stated above.
08. 8 4 frat of and an m.o.	internatospital 9/21/13
BURIAL CREMINE 24B, DATE 24C, NAME OF CEMETER	BY DR CREMATORY 24D. LOCATION (Old, town, or county) (State)
TE RECEIVED BY REGISTRAR'S SIGNATURE	65. FUNERAL DIVECTOR
D 3	ack Lewiste 2100 Butan /
VS 150	

B-460	mussin & Mad . Examines
TO THE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OF	E OF DEATH Registered No.
BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) John B. Bowler	2. DATE OF Sept.19,1953
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution; residence 8. COUNTY but ore admission)
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	Monreland
HOSPITAL OR location) INSTITUTION	
2525 Madison Ave.	Baltimore
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 13yrs Mos. Days	2525 Madison Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years it Under 1 Year it Under 24 Hours Months; Days Hours Min.
Male Colored Widowed	Oct.25.1859 93
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Farmer Self-Employed	Essex Co. Va. What COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Bowler	Hannah Bagley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs William Harcum-2525 Madison ave.
18. 11. 2, 11. 2, CAUSE	OF DEATH INTERVAL BETWEEN
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	dia Lecomposata Adiac Failur
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	nelity
194. DATE OF OPERATION 198. CONDITION FOR WHICH O	PERATION J IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN PART I OR PART II
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY COR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY Color about home, farm, factory, street, office	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHI AT WORK	ILE[]
	- 19-, 152, to 9-19-, 1952, that I last saw the
22. I hereby certify that I attended the deceased from 1	urred at 6-3 cm., from the causes and on the date stated above
	23B. ADDRESS 4.6 2 23c. DATE SIGNED
250. SIGNATURE () On Kin M.O.	1/33 N. Monues 9/22/50
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 9/23/53 Arbutus Me	morial Pk Balto Md
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE SEP 231059	25. FUNERAL DIRECTOR 1631 AV
VS 150	



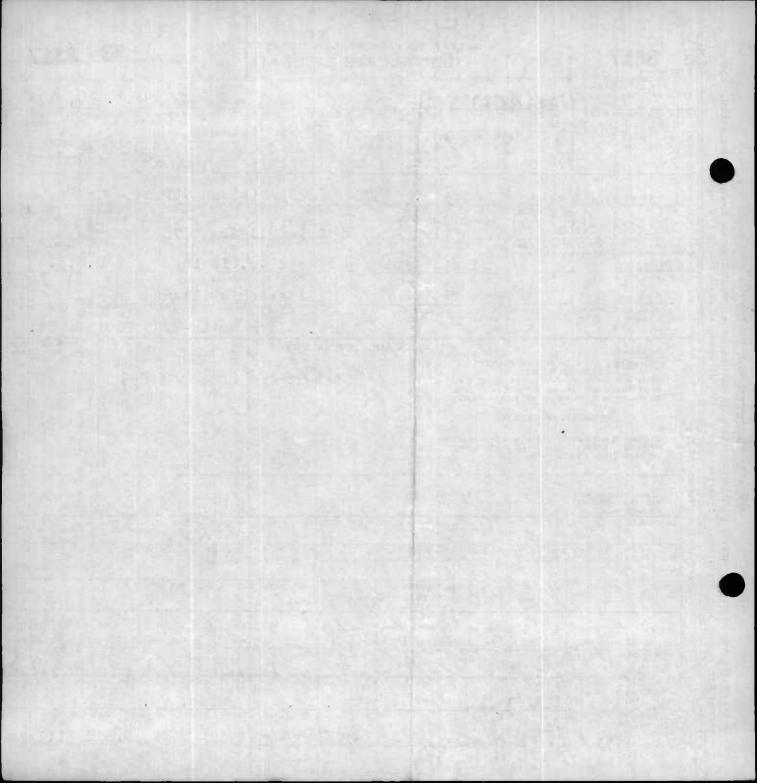
BINDING	LEASE WRITE PLAIN, WITH UNFADING INK. Every item of information
FOR	, item
SVED	Ever
RESEI	INK.
MARGIN RESERVED FOR BINDING	UNFADING
	WITH
	PLAIN,
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	LEASE

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9	53 8517
Lhe	BIRTH NO.
	1 NAME OF DECEAS

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) John Smith	2. DATE OF DEATH Sept. 19, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE Maryland B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Mary rain
institution 2225 Divison Street	c. CITY OR TOWN (If outside corporate limits, write RUKAL and give Baltimore
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 45 Yrs. Mos.	2225 Divison Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years I Under I Year II Under 24 Hours
Male Colored WIDOWED, DIVORCED (Specify) Married	Sept 28, 1882 70 Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Butler Private Family	Essex Co. Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Horace Smith	Elizabeth Williams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Clara Smith-2225 Divison St.
TIS 14.2 n 4 CALISE (OF DEATH
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DAD. (dellare
(This does not mean the mode of dying, e.g.,	nay occuping
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANISTERNAL CALLES	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP	PERATION IF OPERATION WAS RELATED TO 20. AUTOPSY?
WAS PERFORMED	CAUSE OF DEATH, ENTER IN PART I OR PART II YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (c about home, farm, factory, street, office) DEATH (NOTIFY MEDICAL EXAMINER)	blig.,etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHIL	
22. I hereby certify that I attended the deceased from	that I last saw the
deceased alive on 19 and that death sccur	red at) Im., from the causes and on the date stated above.
	SB. ADDRESS 23C. DATE SIGNED
19/14/11/11/11	2/21 1 1/1/1 9/223
24A. BURIAL, CREMAN 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 240. LOCATION City, town, or county) (State)
Burial 9/23/53 Arbutus Me	em. Pk. Balto. MD.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	Harland Funeral Home Druid Hill Av
DEF CY 1333 - I men in the first the first the	Guneral nome Druid Hill Av
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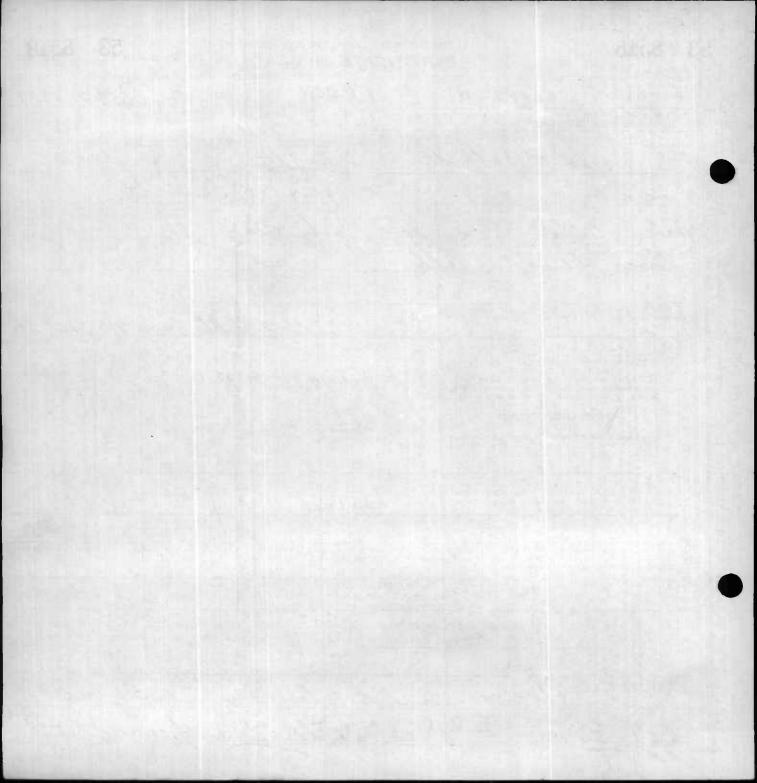
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BALTIMORE CITY HEALTH DEPARTMENT

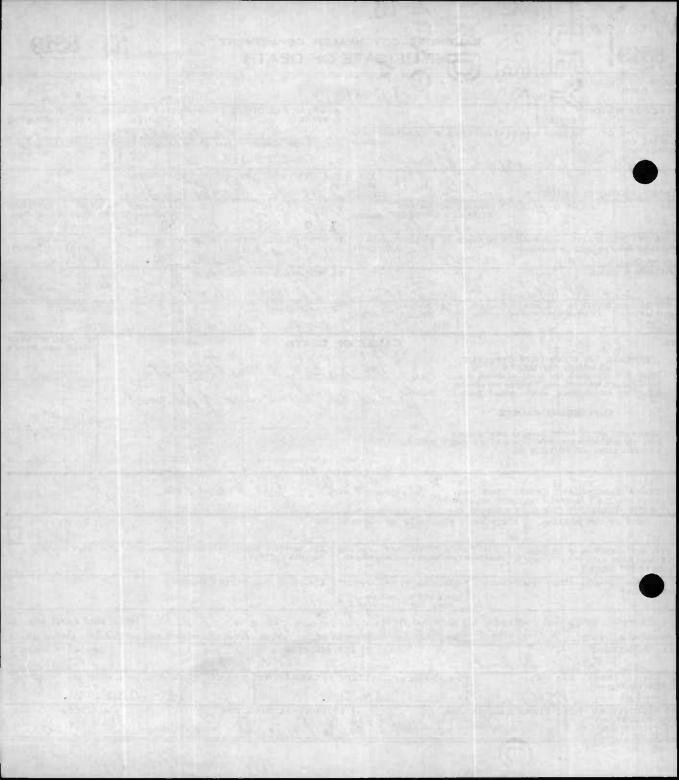
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BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	0030
1. NAME OF DECEASED CLIFTO	NEFI	POCK	2. DATE OF DEATH SEAT	21,1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or insti	tution, give street address of	A. STATE	(Where deceased lives, If ins B. COUNTY	titution; residence before admission)
HOSPITAL OR INSTITUTION 1454 W. 36 to	let.	Ballo.	(If outside corporate moits, w	township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS	36th St.	
	GLE, MARRIED, DWED, DIVORCED (Specify	DATE OF BIRTH	last birthday) Month	er I Year If Under 24 Hours ns Days Hours Min.
work donest ring most of working life, even if retired)	ND OP BUSINESS OR INDUSTRY	mol.		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	leb 1454 W.	The state of the s
18. 420.1 and 177X DISEASE OR CONDITION DIRECTL		OF DEATH		INTERVAL BETWEEN
LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e.g (A)	oner Mont		Sudas
injury or complication which caused de ANTECEDENT CAUSES	ath.) DUE TO	mic myocar	4.5)
DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRI	VING	mic Myecan	w.	
DISEASE OR CONDITION CAUSING IT		cenona of pr	ntale	
19A. DATE OF OPERATION 19B. CON WAS PER	DITION FOR WHICH O	CAUS	ERATION WAS RELATED TO E OF DEATH, ENTER IN 'I OR PART II	YES NO
OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	18. PLACE OF INJURY out home, farm, factory, street, offic		ID (If in Baltimore City, gi	ve exact location)
Z1D. TIME (Month) (Day) (Year) (Hour) OF INJURY	WHILE AT NOT WH	ILE	INJURY OCCUR?	
22. I hereby certify that I attended t deceased alive on 4-2/, 195		6-1, 1953 to	m the causes and on the	that I last saw the
23A. SINATURE MORNO	M. D.	23B ADDRESS	54.	9-22-53
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 9/25/53	Manchester	ERY OR CREMATORY 24	monchety,	mol (State)
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR		FUNERAL DIRECT	or swell 3 615-17 /	hetund
VS 150				

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	BALTIMORE CITY HE	ALTH DEPARTMENT	52	8519
8519	CERTIFICATE	OF DEATH	Registered No.	Oud
TH NO.			2. DATE	
e or Print) LESSIE	1. LENHAI	RD	OF DEATH 9/2	2/53
LACE OF DEATH: saltimore City, Maryland		4. USUAL RESIDENCE (W		itytion: residence before admission)
ULL NAME OF (If not in hospits	al or institution, give street address or	nd.	Baloma	
TITUTION M	location)		atside corporate limits, w	rite KURAL and give township)
ion ///lina	real storp.	Catonsville	unol give leastion)	24 0
ength of stay in Baltimore	Life Yrs. Mos. Days	201 N. R.	lina 122	
EX 6. COLOR OR RACE		8. DATE OF BIRTH	9. AGE (In years if Under last birthday) Months	1 Year If Under 24 Hours
FIW	Dinks	1/9 /1893	60	Days Hours Min.
USUAL OCCUPATION (Give kind of during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. STRTHPLACE (State or for	reign country) 12.	CITIZEN OF
1/ truncwite	at home	1 saltima		(10.
FATHER'S NAME	470	14. MOTHER'S MAIDEN NA	ME (1) - 14	
WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL	11/ary of	· V RURTT	
(If yes, give wer or dates	of service) SECURITY NO.	17. THEORMANT	ADDF	RESS
8. 1707	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION		p. 0, +	- 1	ONSET AND DEATH
(This does not mean the mode of	f dying, e.g., (A)	ralized mer	w 125/5	
heart failure, asthenia, etc. It mean injury or complication which co	aused death.)	careinenes "	1 hrenst-	
ANTECEDENT CAUS	ES		y many	
DISEASES OR CONDITIONS, IF	ANY, GIVING	<i>V</i>		
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO			
	(C)	e 1	***************************************	
	> 5 6 h	al huper hou	2150	
OTHER SIGNIFICANT CONDITERING TO THE DEATH, BUT	NOT RELATED	a ny per ma	110h	
9A. DATE OF OPERATION 1	9B. MAJOR FINDINGS OF OPER	ATION /		20. AUTOPSY?
0				YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)
ME (Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
URY	m. WHILE AT NOT WHILE		,	
22. I hereby certify that I att		19 19 3to 9	152 1953	hat I last saw the
deceased alive on 7/22	, 19 Sand that death occur	20	e causes and on the c	
3A. SIGNATURE		3B. ADDRESS		3C DATE SIGNED
Carle Ce- 92	meer h M. D.	UIII	GATION (City town on	1/22/13
REMOVAL (Specify)	David Didge		Dikogri 130	
Burial 9/25/53	Druid Ridge (25 TUNERAL DIRECTOR_	Pikesville	DDRESS
FP 231053 Huntin	appro Villians, My	In A	chever 4	Sous
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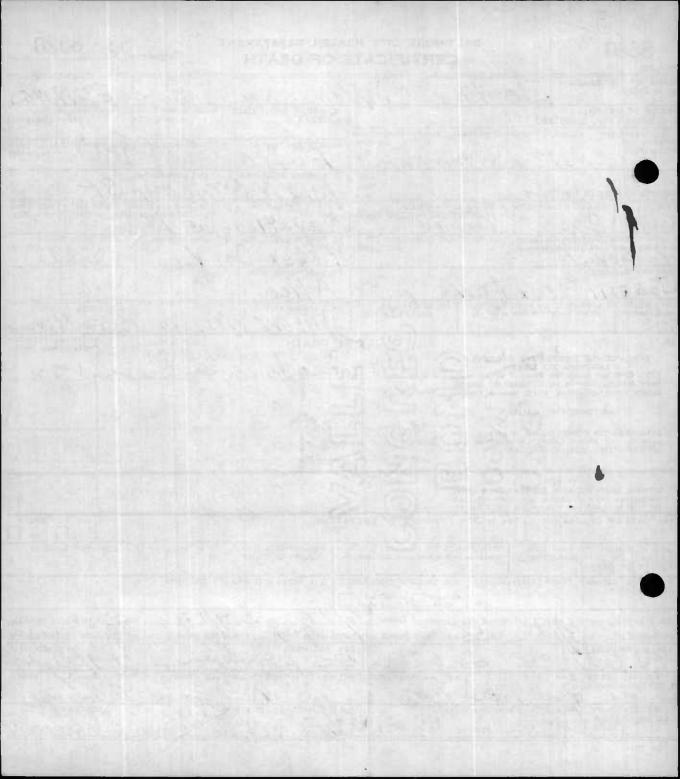
NAME OF DECEASED

RTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

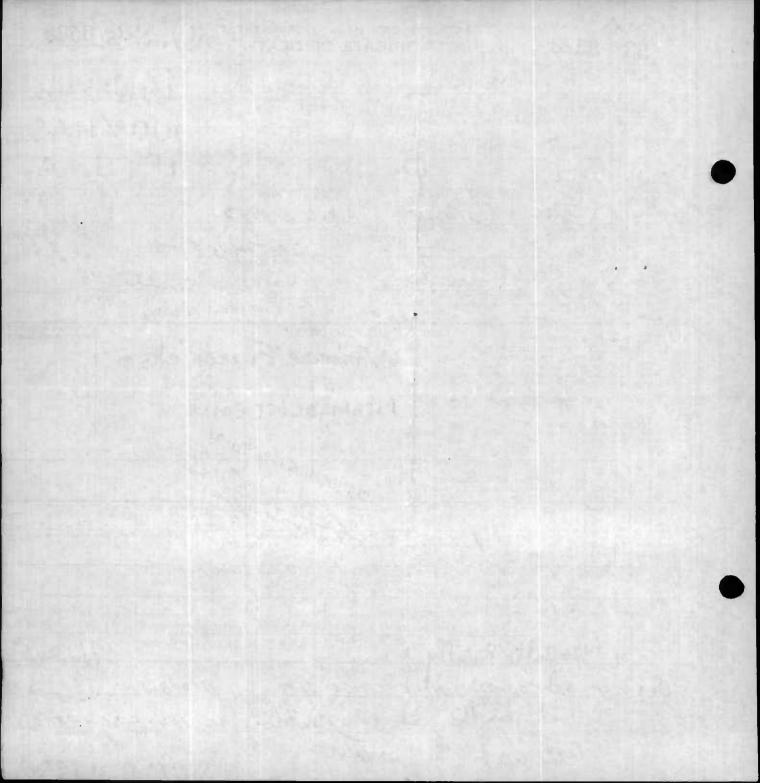
2. DATE ne or Print) Jeni OF DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution residence Baltimore City, Maryland A. STAT B. COUNTY before admission) ULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location C. OITY OR TOWN (If outside corporate imits, write BURAL and give TITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) | Months Days | Hours Min. Jampiea USUAL OCCUPATION (Give kind of F (State or foreign country) 10B. KIND OF BUSINESS OR BIRTHPLA 12. CITIZEN OF during most of working life evan if retired) WHAT COUNTRY INDUSTRY ousewite FATHER'S NAME MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? no os animown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS no oz onknown) SECURITY NO. INTERVAL BETWEEN 18. 422.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 19 2 that I last saw the 1953 and that death occurred at 4.00 A.m., from the causes and on the date stated above. deceased alive on T 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL, CREMA-REMOVAL (Specify) 24B. DATE CEMETERY OR CREMATORY wash LREGISTRAR'S SIGNATURE TE RECEIVED BY UNERALDIRECTOR ADDRESS VS 150



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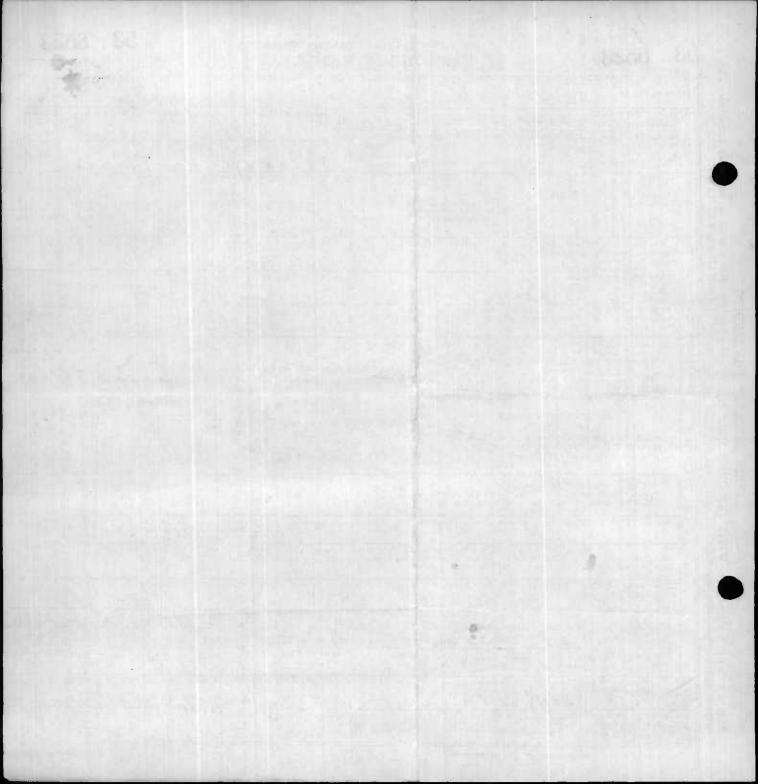
1	7	3 3	BALTIMORE CITY	HEALTH DEPA	RTMENT	53	8521
3	8521 RTH NO.			TE OF DEA		Registered No.	
	NAME OF D	ECEASED				2. DATE	
	ype or Print)		James Brittingham				14, 1953
Α.		City, Maryland		A. STATE	Maryland	ere deceased lived. If ins	before admission)
H	FULL NAME OSPITAL OR		tal or institution, give street addres			utside comprate limit,	rite KURAL and give
IN	STITUTION	4940 Easte			Baltimore	11-81	township)
			Y	rs. D. STREET AD		iral, give location)	
c.	Length of s	tay in Baltimore	1.170	os.	719 W. F	ayette St.	
1	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BI	Part Control of the C		der 1 Year It Under 24 Hours Hours Min.
	M	N	WIDOWED, DIVORCED (Sp.			69	
		CUPATION (Give kind of working life, even if retired)		TRY		eign country) 1;	2. CITIZEN OF WHAT COUNTRY?
	Labo	mola	Odd Job		Maryland		
13	FATHER'S	- 40 1	Hiank	14. MOTHER'S	MAIDEN NAM	ME	1
		es 1 10 mj	//11/2/12M	FILA			
(Ye	, no or unknown)	ED EVER IN U.S. ARME (If yos, give war or date	D FORCES 16. SOCIAL se of Bervice) SECURITY N	O. 17. INFORMAN			DRESS V
	110				м. 4940	Eastern Ave.	(records)
	18.002			SE OF DEATH			ONSET AND DEATH
		E OR CONDITION LEADING TO DEA	TH Pro	lmonary Tub	erculesi	R	
		not mean the mode are, asthenia, etc. It mes	of dying, e. g., (A)				
		complication which					
		ANTECEDENT CAU	SES				
Z		S OR CONDITIONS,	IF ANY, GIVING			•••••••	***************************************
F	RISE TO T	HE ABOVE CAUSE (A)	STATING THE DUE TO				
0			(C)			***************************************	
RTIFICATION	OTHER SIG	II INIFICANT CONDITIONS	CONTRIBUTING				
ER	TO THE	DEATH BUT NOT	RELATED TO THE				
U		F OPERATION A	198. CONDITION FOR WHICH	OPERATION		ON WAS RELATED TO	20. AUTOPSY?
CAL			WAS PERFORMED		PART I OR		YES NOAL
DIC		ENT WAS UNDERLY		office bldg., etc.) INJUR	HERE DID (I	f in Baltimore City, gi	ive exact location)
1EP		TIFY MEDICAL EXAMINE					
2	210. TIME	(Month) (Day) (Year			DID INJU	JRY OCCUR?	
	01 111001(1			WHILE			
	22. I hereb	u eertifu that I at	tended the deceased from_	9-13 , 1	9.53 to	9-14 , 19 53	that I last saw the
	deceased a	live on 9-14	, 19_53, and that death o	ecurred at 6 P	_m., from th	e causes and on the	date stated above.
	23A. SIGNA		. N	23B. ADDRESS			23c. DATE SIGNED
		to John	M. D		Eastern .	CATION (City, town, o	9-14-53 r.county) (State)
2	AA. BURIAL.	CREMA- 24B. DATE	24c, NAME OF GEN	EVERY OR CREMATO	240.10	CA JOST City, cowii, o	al (State)
17.	sured	1/27/1	123 1111. MIN	MM CV	DIRECTOR	M. Title	DDRES 20 20
L	ATE RECEIVE	RAR	S SIGNATURE	M. GILL	bowl	10 . 1.1	022/
-	SEP 23	Unit	1 - muching	Alles Kala	16114	Marie MAN	WY H
	VS 150		to a contract of	M / M C			

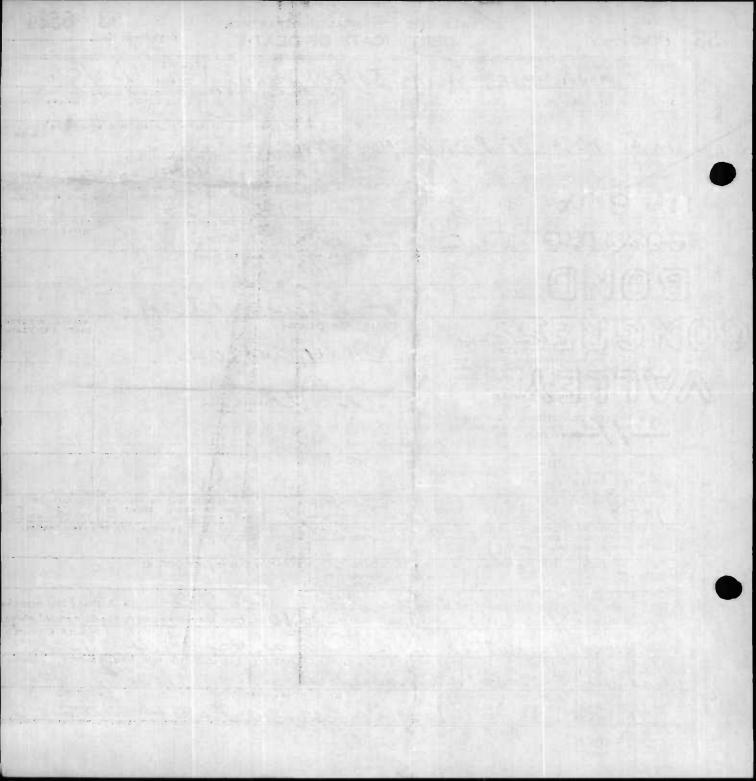
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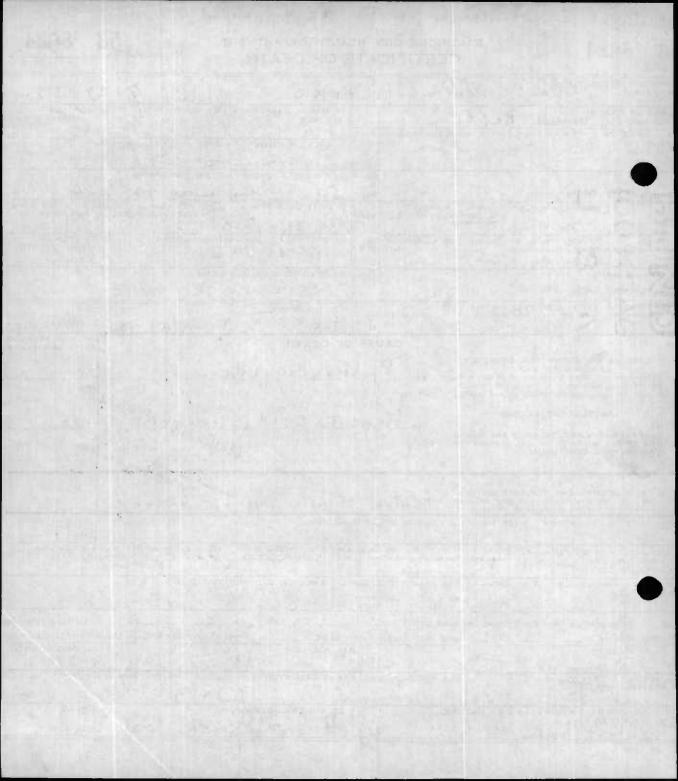
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RESE INK.	
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k, WITH	TUCATOU
PLAI	22 22 32
WRITE	7000
PLEASE	CO TOOMPOO

53	S 8523 CERTIFICATI	EALTH DEPARTMENT 53 8523 E OF DEATH Registered No.
1.	NAME OF DECEASED VERNA P. PALMER	2. DATE OF DEATH SEPT 23-1953
A. B. HC	PLACE OF DEATH: Baltimore City, Maryland 141). Kenwood ave FULL NAME OF (If not in hospital or institution, give street address or JOSPITAL OR ISTITUTION Yrs.	
	Length of stay in Baltimore Mos. Days	
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under I Year I Under 24 Hours
worl	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) HOUSTRY	11. BUTTHPLACE (Spate or foreign country) 12. CITIZEN OF WHAT COUNTRY:
13	Sevry Days	Laura Burton
15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 6, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Linches Ernest & Brown - 300 Rycamore Rl
TION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	ventucular cerebral 30 min
CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Laveres - Carrier - Carrie
CAL	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PART I OR PART II
EDI	21a. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e. g., in or bldg.,etc.) 21C. WHERE DID (If in Baltimore City, give exact location)
Σ	OF INJURY OCCURR OF INJURY OF I	ILE
	deceased alive on Sept 22, 1953, and that death occu	1953 to Sept 23, 1953 that I last saw the red at 6 A m., from the causes and on the date stated above 238, ADDRESS 2936. DATE SIGNED 2736.
/ D	AA. BURIAL, CREMA- DN. REMOVAL (Srjecify) SCOT 23-53 ATE RECEIVED BY COCAL REGISTRAR REGISTRAR REGISTRAR	entucky kousing Hentusky 25. FUNERAL DIRECTOR (2175) Paris
	VS 150	

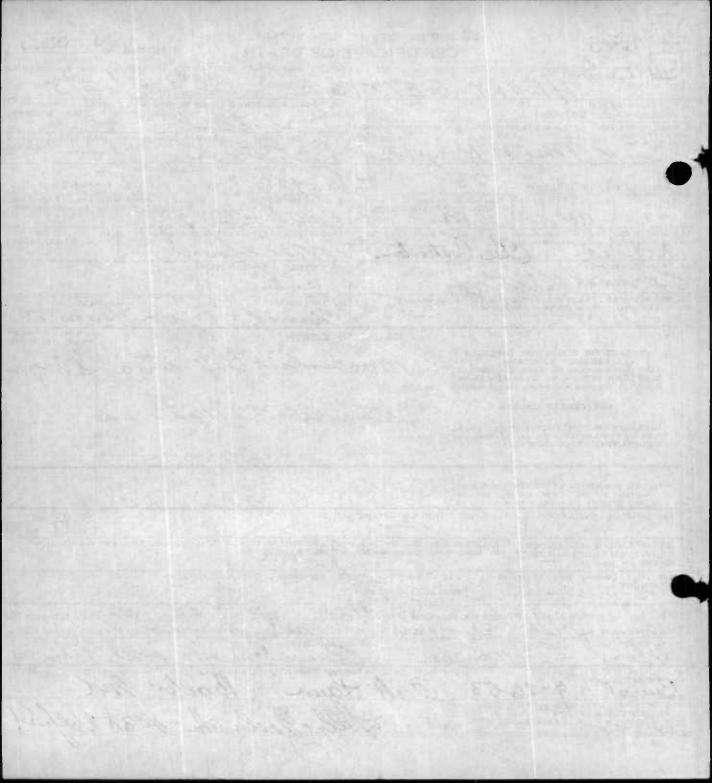




Medical Examineus Case To	cke approved.	0001
TH NO. BALTIMORE CITY H CERTIFICAT	E OF DEATH Registered No	8624
AME OF DECEASE Charles Healy Glw	CEKE. 2. DATE OF OF DEATH 9-2	7 - 5-3.
LACE OF DEATH: saltimore City, Maryland Buttimoze	4. USUAL RESIDENCE (Where deceased lived. If insti	tution: residence before admission)
JLL NAME OF (If not in hospital or institution, give street address or PITAL OR location Incompared the street address or Institution (I see Institution)		ite RURAL and give township)
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 3028 Gloward Ase	141
EX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BORTH 9. AGE (In years If Under	
USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
FATHER'S NAME GEWECKE	14. MOTHER'S MAIDEN NAME En south Kocenes	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 165. SD. AMEY WAY 215-10-8907	MYS. J. R. ROSSING-120	WINDEMEYE
B. 443 E 903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. it means the disease,	of DEATH money edema	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) H	CRTIFICATION APPROVED CERTIFICATION APPROVED CERTIFICATION APPROVED CERTIFICATION APPROVED CONTRACTOR OF THE PROPERTY OF T	1/201
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	CERTIFICATI	(ME)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	OF BOTH TIBIAL + FILE LAR	<i>t</i>
9A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore) City, give INJURY OCCUR?	exact location)
DF JRY 3 1 5 3 m. WHILE AT WORK AT WORK	IN 2,00 to llan	
22. I hereby certify that I attended the deceased from		at I last saw the
deceased alive on , 19 , and that death occu		ate stated above. 3c. DATE SIGNED - 2 7-53
	ERY OR CREMATORY 240 LOCATION (City, town, or c	(State)
E RECEIVED BY REGISTRAR'S SIGNATURE		artard
N823.0 29	0 800	0



G-320 BALTIMORE CITY HEALTH D	
BIRTH NO. CERTIFICATE OF D	DEATH Registered No.
1. NAME OF DECEASED (Type or Print) HENRY GETTIG	2. DATE OF 9/22/53
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE	RESIDENCE (Where deceased lived, If institution; residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION C. CITY O	R TOWN (If outside corporate limits, write RURAL and give township)
70 Man 12 11	T ADDRESS (If rural, give location)
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF	OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours
m WIDOWED, DIVORCED (Specify) nan	26,1875 last bitthday) Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11, BIRTH work done during most of working file, even if retiret) MDUSTRY	PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ER'S MAIDEN NAME
	Anosa
15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFOR	MANT ADDRESS ADDRESS ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEAT (A) (A) (B) (B) (B) (B) (C) (C)	interval BETWEEN ONSET AND DEATH School Scho
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJUR	WHERE DID (If in Baltimore City, give exact location)
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. H	OW DID INJURY OCCUR?
TO THE TOTAL WHILE AT WORK AT WORK	
deceased alive on 7/22, 1953, and that death occurred at 7:	, 1957, to 7/22, that I last saw the
Sand L. Lanson M. D. Cause	of Home & Hogertel 9/23/53
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREM TION REMOVAL (Specify) 9-26-53 Oak Taux	MATORY 24D. LOCATION (City, town, or edunty) (State)
	Poeler Oh - 403 & Wolf St
VS 150	

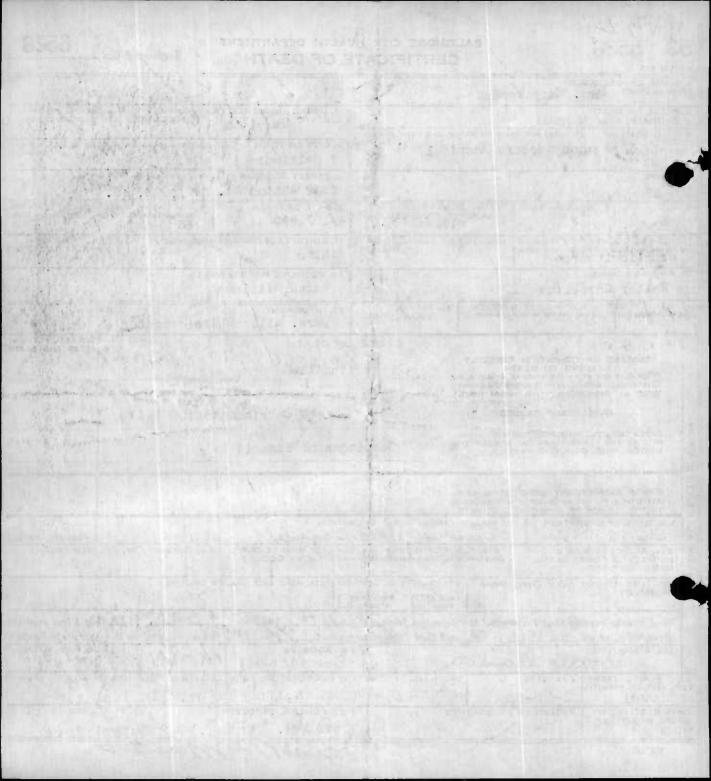


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53	8526	

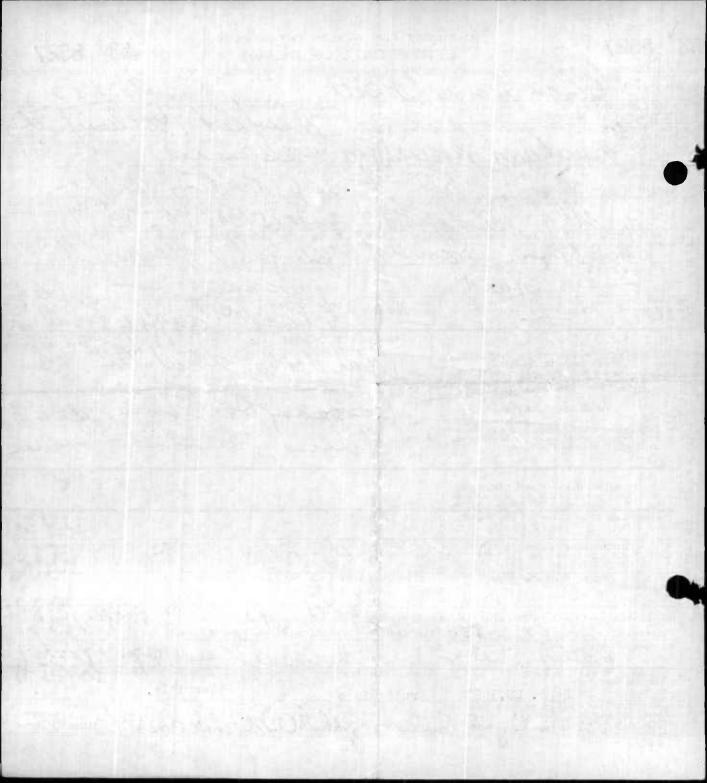
CERTIFICATE OF DEATH

Registered No. 8526

BI	RTH NO.			CERTIFICATI	- OI DEATH		
1. (T	NAME OF Di ype or Print)	Mrs. Mary M	adsen			OF DEATH 9/21	./53
Α.	Baltimore C	lity, Maryland	ol on institut	ion, give street address or	4. USUAL RESIDENCE (Where deceased lived. If B. COUNTY	institution: residence before admission)
H	OSPITAL OR	Bon Secou		lanation \	c. CITY OR TOWN (I	If outside corporate limits	write RURAL and give township)
c.	Length of st	tay in Baltimore		Yrs. Mos. Days	2539 Ashton St.		
5.	F	6. COLOR OR RACE	7. SINGLE	MARRIED. FD. DIVORCED (Specify)	8. DATE OF BIRTH 4/18/1890	9. AGE (in years) If	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical nurse			11. BIRTHPLACE (State or Balto	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13	.FATHER'S N	Cornelius			14. MOTHER'S MAIDEN N		
15 (Ye	. WAS DECEASE s, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Alice Wh	Aite(daughter)	ODRESS Same
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED							ONSET AND DEATH
MEDICAL C	19A. DATE O	2-1953 ENT WAS UNDER-	9B. MAJOR CALCUA 21B. PLA	FINDINGS OF OPER FINDINGS OF OPER CE OF INJURY (e.g., in arm, factory, atreet, office bldg., e	- argusid o	N € T; DN (If in Baltimore City, g	20. AUTOPSY? YES NO () tive exact location)
	ID. TIME (Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	RY OCCUR?	
	deceased al		. 1943	and that death occur	rcd at 119 pm., from 38. ADDRESS BON SECOVES H	the causes and on th	that I last saw the te date stated above. 23C. DATE SIGNED 9/21/63
TIC	A. BURIAL, CON, REMOVAL (S	REMA- 24B. DATE	0		RY OR CREMATORY 240. I		or county) (State)
D	TE RECEIVED CAL REGISTI	BY REGISTRAR			25. FUNERAL PIRECTOR	wheth the same and	ADDRESS
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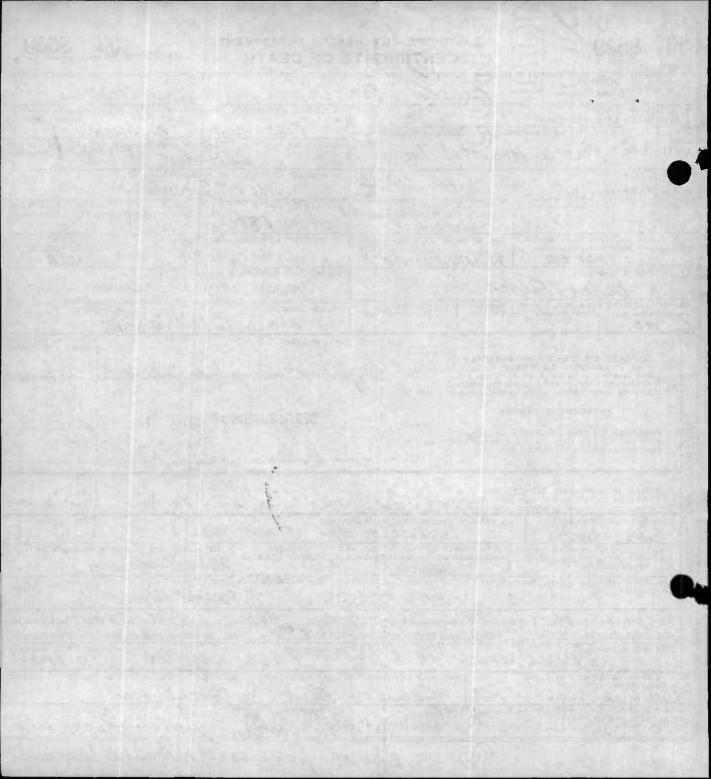
11	11-430				
	53 8527	CERTIFICATE O		Registered 80_	8527
	1. NAME OF DECEMBER	CERTIFICATE O			#===
	(Type or Print) 60 na al	or sig Willett	, ,	OF OF	43
H	a. Baltimore City, Maryland	A. S.	TANA MESIDENCE (Where	B. 800 117/2	before admission)
W	B. FULL NAME OF (If not in hapital or i	nstitution, give street address or location)	TY OR TOWN (If outside	de corporate limite, wri	te LURAL and give
ر. ا	Tray our	Kalen Sarp 1	altema	2 11	(lownship)
	c. Length of stay in Baltimore	Yfs. D. S. Days	06 Johnson	give location)	th
		INGLE MARRIED 8. DA		GE (in years if Under I ast birthday) Menths	
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	IRTHPLACE (State or foreign		CITIZEN OF
	13. FATHER'S NAME	Home Ma	ANTHUNG NAME	(ley sor)	
	- Har	X	Allaan.		110
	10. VAS DECEASED EVER IN U. S. ARMED FOR (Yee, your unknown) (If yes, give war or dates of ser	CES? 16. SOCIAL 17	REGRIANT DC/	ADDA	486
	18. 16.20	CALIGE OF B	seva III Co	294040	NTERVAL BETWEEN
	DISEASE OR CONDITION DIRE	CAUSE OF D	DEATH OF J		NSET AND SEATH
	(This does not mean the mode of dyir heart failure, asthenia, etc. It means the	ng, e.g., (A)	icula dibi	ell at com	18hr
	injury or complication which caused	death.) DUE TO	· Ocal		0.
	ANTECEDENT CAUSES	(B) Coron	ray of ce	war.	200ap
	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	NG THE DUE TO	us Acles	ni k	endous.
	<u>U</u>	(c) /			
	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT F				
	TO THE DISEASE OR CONDITION CAUS				20 AUTOPSY2
	AL				YES NO
	LYING OR CONTRIBUTING abou		I.C. WHERE DID (If in) NJURY OCCUR?	Baltimore City, give e	exact location)
	10. TIME (Month) (Day) (Year) (House INJURY		IF. HOW DID INJURY OCC	CUR?	
í		m. WHILE AT NOT WHILE	1 13 91	XX 4 (3	
	deceased alive on 19	the deceased from And and that death occurred a	to to the ca		at I last saw the
	23A. SIGNATURY		DORESS There	A ADM. 9	COATE SIGNED
	24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETERY OR		ION (City, town, or co	unty) (State)
	Burial Sept. 25,19 DATE RECEIVED BY REGISTRAR'S SIG		Pikesv		Md.
	SFP 231933 Hunting	- 5 1/1/10 a Block	5 Onitchell		taw Place
1	VS 150				



0.360	HEALTH DEPARTMENT 53 8528 TE OF DEATH Registered No.
1. NAME OF DECEASED BABY GIRL WILL	21. DATE OF SEPT 23 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address location) HOSPITAL OR INSTITUTION Luthevan Hospital OF	
c. Length of stay in Baltimore	022 STALL ST
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Spec Child 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	SEPT 2/1/53 2 Days If Under 24 Hours Min. SEPT 2/1/53 2 Days 11. BIRTHPLACE State or foreign country 12. CITIZEN OF
work done during most of working life, even if retired) None	Baltimore Md. USA
Harry W. Wicklein	14. MOTHER'S MAIDEN NAME Maurlyn H. Hines
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS Mrs. Maurice Hines 25 W. West St.
injury or complication which caused death.) ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	ERATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bld CAUSE OF DEATH CAUSE OF DEATH CAUSE OF MORTH (Pour) (Year) (Hour) 21E IN HIPRY OCCIDENTS	g.,etc.) INJURY OCCUR?
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCUI	LEM
22. I hereby certify that I attended the deceased from 5 deceased alive on 5 e of 2219 5 3 and that death occ 23 A GNATURE 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 9/24/53 Loudon Par	that I last saw the curred at 23, 153 that I last saw the curred at 23, from the causes and on the date stated above. 23B. ADDRESS AM 23C. DATE SIGNED 9/23/53 TERY OR CREMATORY 24D. LOCATION (City, town, or cognity) (State) Baltimore
LOCAL REGISTRAR REGISTRAR'S SIGNATURE	John To Stenebury 2700 Edmondson Ave.

6568 Charles Williams United By Andrew Market Street Street The second of th

5	M - / 3 852 RTH NO.	50		TIMORE CITY H			Register	53 ed No.	8529
	NAME OF DE	CEASED	Cla	ara Ma	ben	2	OF DEATH	9-21	-53
	PLACE OF DE Baltimore C	ity, Maryland			4. USUAL RESIDI	ENCE (When			ition : residence before admission)
H	FULL NAME OF SPITAL OR STITUTION	Mercy H		on, give street address or location)		0 11		limits writ	RURAL and give township)
		ay in Baltimore	her	fe 72 Yrs.	D. STREET ADDRES	04 G	al, give location	4	
S.	F	6. COLOR OR RACE	WIDOW	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		last birthday)		
work	done during most of	CUPATION (Give kind of working life, even if retired) Panton	1	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign			TIZEN OF WHAT COUNTRY?
	FATHER'S NA	nry Tay	for		14. MOTHER'S MA	UIT9		wills	
1S (Yes	, no or unknown)	O EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	pital	Tec	ADDRE OPd	SS
ERTIFICATION	(This does heart failur injury or description of the DISEASES RISE TO TH	E OR CONDITION LEADING TO DEA' not mean the mode of, asthenia, etc. It mea- complication which of ANTECEDENT CAUS OR CONDITIONS, I E ABOVE CAUSE (A) NG CONDITION LA	TH If dying, e.g Is the disease aused death SES FANY, GIVIN STATING TH	(B)	CERTIFICAT		W		MARINADA
CERTIFI	TRIBUTING TO THE DIS	GNIFICANT CONDITION THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	Cerelrolle	wedy acad	lent 4	Pyelite	ae' (Pylitij- Imo
SAL	19a. DATE OF	8/25/53	9B. MAJOR	fracture of		H Femo			YES NO
JEDICA		CONTRIBUTING		CE OF INJURY (e. g., arm, factory, street, office bldg.,			Haltimore Co		xact location)
	of INJURY	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK			at Hom	e-3	ece to
		ve on 9-21		deceased from	7-/ 195:			on the da	t I last saw the te stated above. DATE SIGNED 9-2/-53
	BURIAL, CI DN REMOVAL (Sp		5/53	Loudon	Park	240. LOC	ation (City, to	own, or cou	inty) (State)
D/LC	TE RECEIVED	BY REGISTRAR	SIGNATU	Williams, M	All Sark	ECTOR	Snes 4	49as	-Vort Ra
	VS 150	1820.0	72	A Relieus	ed for app	siocal	of Mull	eul	Kamerin



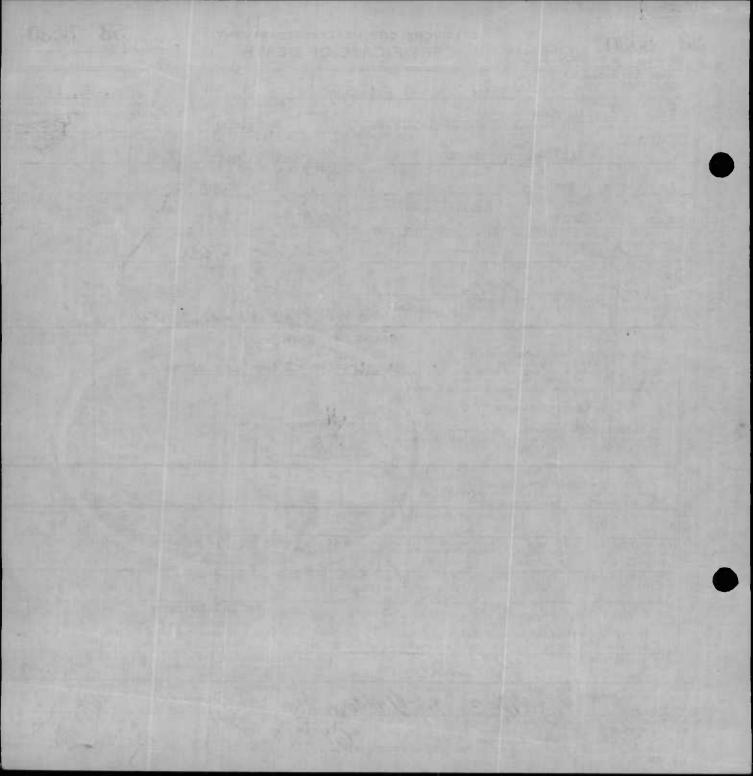
. The	1.	NAME OF DECEASED Sype or Print) Raby Elicks	2. DATE OF DEATH Sept.	22. 1953
VDING information should be car y supplied. To death clearly and legibly.	3. A. B. HG IN		A. STATE Maryland C. CITY OR TOWN (If outside corjorate limits, where the state of	before admission)
RESERVED FOR BIN FINK. Every item of please write the causes	NOITA NOITA	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Theresa Maiden Name Theresa Bunda 17. INFORMANT Clickson. 24/1/ N OF DEATH ation of the diaphragm	INTERVAL BETWEEN ONSET AND DEATH
WRITE PLAIS WITH UNFADING is especially important. Physicians:	MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER UNDERLYING OR CONTRIB. 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., is about home, farm, factory, street, office bldg., or contribution of injury of the remains described of the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause.	a or 21C. WHERE DID (If in Baltimore City, given) INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? bove, held an partial autopsy Autopsy, Inspection or Inquiry inquiry, find that said deceased died on the & \overline{\omega}, accident \subseteq, suicide \subseteq, homicide \subseteq, uncolored 23B. CHIEF MEDICAL EXAMINER \(\overline{\	thercon and from
EASE Wrect age		19th Non	.D. ASSISTANT MEDICAL EXAMINER Sept	. 22, 1953

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BALTIMORE CITY HEALTH DEPARTMENT

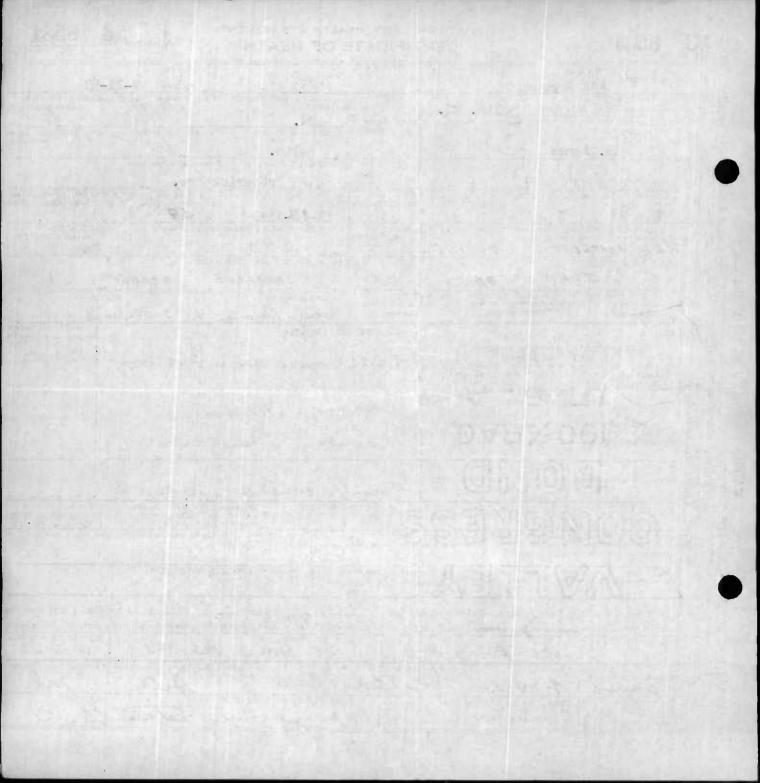
CERTIFICATE OF DEATH

Registered No. н Sept. 22, 1953 OUNTY before admission) orate limits, write RURAL and give township) location) eet (In years | M Under | Year | M Under 24 Hours | If Under 24 Hours | If Under 24 Hours | Min. 12. CITIZEN OF WHAT COUNTRY? try) INTERVAL BETWEEN ONSET AND DEATH



VS 150

BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 9-21-53 Ada Bresnan DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Balto. Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RUHAL and give c. CITY OR TOWN St. Agnes Balto. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 125 Frederick Ave. c. Length of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (In years Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY TRET. SEARGENT USA POLICE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CAROLINE ARCHER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Iul DISEASE OR CONDITION CAUSING IT. U 198. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY? 19A. DATE OF OPERATION WAS PERFORMED CAUSE OF DEATH, ENTER IN DICAL YES PART 1 OR PART II 21A. ACCIDENT WAS UNDERLYING | 21B. PLACE OF INJURY (6. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 9-19 19 13 that I last saw the 1953 to 22. I hereby certify that I attended the deceased from , 1953, and that death occurred at 1034 Am., from the causes and on the date stated above. WRITE deceased alive on_ 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 9-21-53 PLEASE WI 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

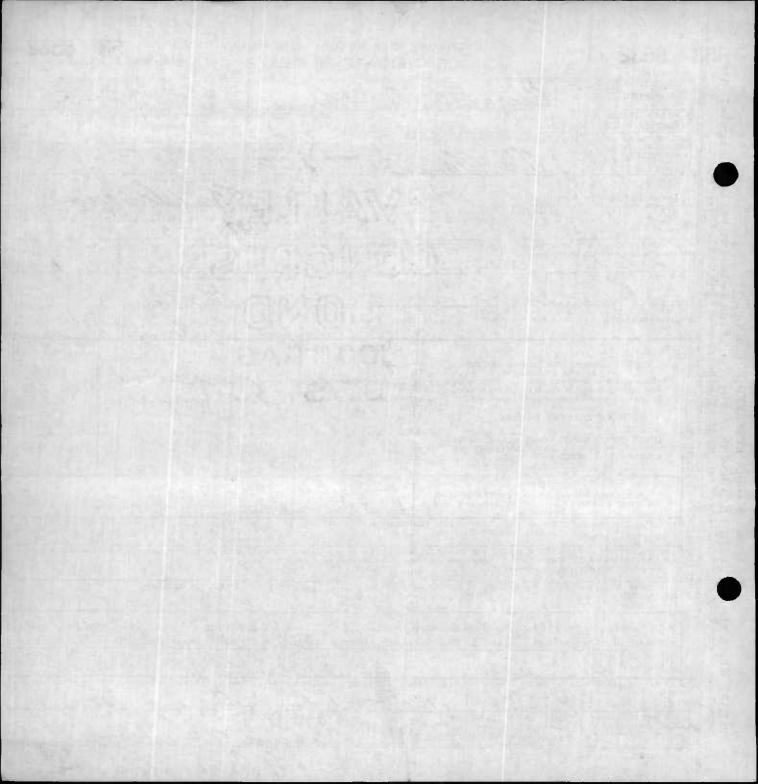


1	N-6.
5	B 853 BIRTH NO. 1. NAME OF (Type or Print
ily supplied	3. PLACE OF A. Baltimore B. FULL NAM HOSPITAL OI INSTITUTION
should be calarly and legibra	c. Length of
ation s	work done during me

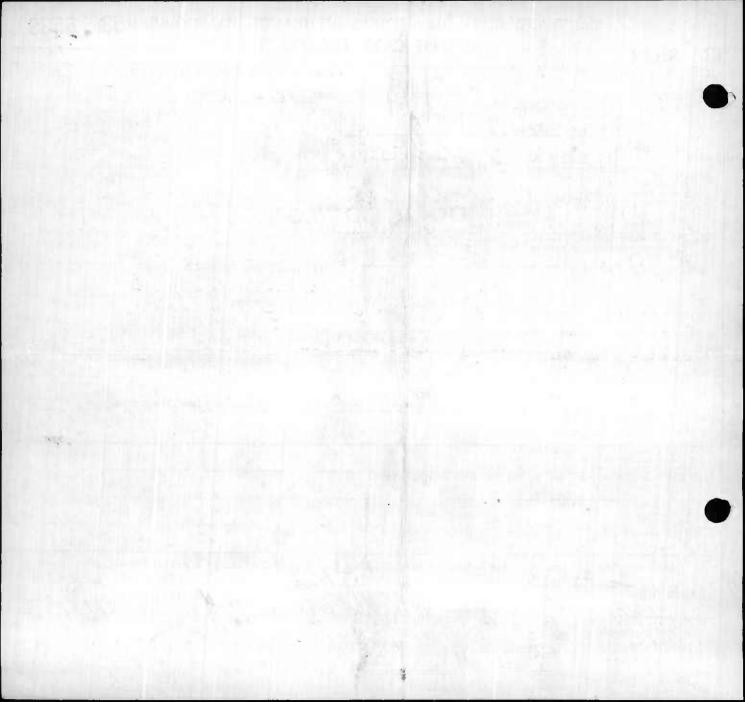
BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

	53	8532
Registered	No.	0000

E	BIRTH NO.	OERTH TOAT	L OI DEA		
	NAME OF DECEASED Clina	beth a. o	Warmer	2. DATE OF DEATH	2/-53
	Baltimore City, Maryland		A. STATE	DENCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
1	O. FULL NAME OF (If not in hospital or instance) HOSPITAL OR NSTITUTION 4/3 >	titution, give street address or location)		VN (If outside comporate in	ts, write RURAL and give township)
0	7903 One 0	llame da	o. STREET ADD	RESS (If rural, give location)	
c	Length of stay in Baltimore	/yr. Mos. Days	4903	The Alam	eda
5		GLE MARRIED, DOWED, DIVORCED (Specify)	B. DATE OF BIR	7H 9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Hours on the Days Hours Min.
I Wo	OA. USUAL OCCUPATION (Give kind of 10B. K	IND OF BUSINESS OR		(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME	M. 61 12:	14. MOTHER'S N	MAIDEN NAME	W. D.
	Edward In	chow	Hele	Bring	
1 (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCE (18 yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	P. Willia	ADDRESS 4903
	18. 422, 2 and 260	X CAUSE	OF DEATH	c. j. www.anas	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT				0
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused d	scase,	estire he	pocarailes ans	
	ANTECEDENT CAUSES	7			
Z	DISEASES OR CONDITIONS, IF ANY, G		•••••••••••••••••••••••••••••		
AT	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(C)			
I F IC					
FRT			etes mel	litus	
AL		NDITION FOR WHICH OF REFORMED	PERATION	IF OPERATION WAS RELATED CAUSE OF OEATH, ENTER PART I OR PART II	
FDIC	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (bout home, farm, factory, street, office	(e. g., in or 21c. WH bldg., etc.) INJURY	ERE DID (If in Baltimore City OCCUR?	, give exact location)
Z	210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F, HO	W DID INJURY OCCUR?	
	OF INJURY	n. WHILE AT NOT WHI			
	22. I hereby certify that I attended			53, to 9-21, 195	
	deceased alive on 9-20, 195.		rred at 5:10 p	m., from the causes and on	the date stated above.
	CR. anthell		718 Dock	him 8h.	9-22-53
7	24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE		240. LOCATION (City, town	n, or county) (State)
_	Bungl 7-26-50	mi Ho	se lim.	Langer	maine
	DATE RECEIVED BY REGISTRAR'S SIGN	MARKET MAN	25 FUNERALD	el-W. Sull	ADDRESS
=	VS 150	260 81	1 / de	000	-24
11		3700X	101111	munglin	we



1	5-000 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1853 8533
5	BALTIMORE CITY CERTIFICATE OF DEATH Reg. Dist. No
1	1. PLACE OF DEATH: , 2. USUAL RESIDENCE (HOME) OF DECEASED:
30	COUNTY Baltimore CITYMARYLAND STATE Med COUNTY Balto
2010	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) CITY (If outside corporate limits write RURAL and give nearest town) OR
2 7	HOSPITAL OR STREET (If rural, give location)
a l	STREET ADDRESS / 229 N. 63 de ADDRESS / 229 M. 63 set ste
cleariy	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: (Type or Print) OF DEATH: Left 12 - 19 5 3
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
death	MIDOWED, DIVORCED, (Specify): Mariel Nov 1, 1899 53 yrs. Months Days Hours Min.
or or	10a. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
causes	13. FATHER'S NAME!
	George Shan Stella moffett.
the	15. WAS DECEASED EVER IN U.S. ABMED FORCES ? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of
write	service) Emma E (Hayes) VIIIe
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
please	Handiate cause (a) Doubling Orchistory Suddlen
	Antecedent cause(s) DUE TO Los in leaster Cardin Warnes directed 2 ms
Physicians:	Diseases or conditions, if any, giving rise to the above cause DUE TO
hys	stating underlying cause last (c)
	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not
mportant.	related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY?
mpdu	Yes No Yes No (COUNTY) (STATE)
2	SUICIDE OF office bldg., etc.) HOMICIDE INJURY
especiall	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY OCCUR? OF While at Not while work at work at work
esp	22. I hereby certify that I attended the deceased from 7 - 4 19.53, to 9 - 3 195.43 that I last saw the deceased
e is	alive on, 195, and that death occurred atm, from the causes and on the date stated above.
age	SIGNATURE (DEGREE OR TITLE) ADDRESS (DEGREE
1	28. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS
	REG. 9/15/3 Gaid Auley John G. Cornelly 418 Eastern live
- 1	SEP 241953 Tuntingion Williams, My 541 50 Ballo 21 md.



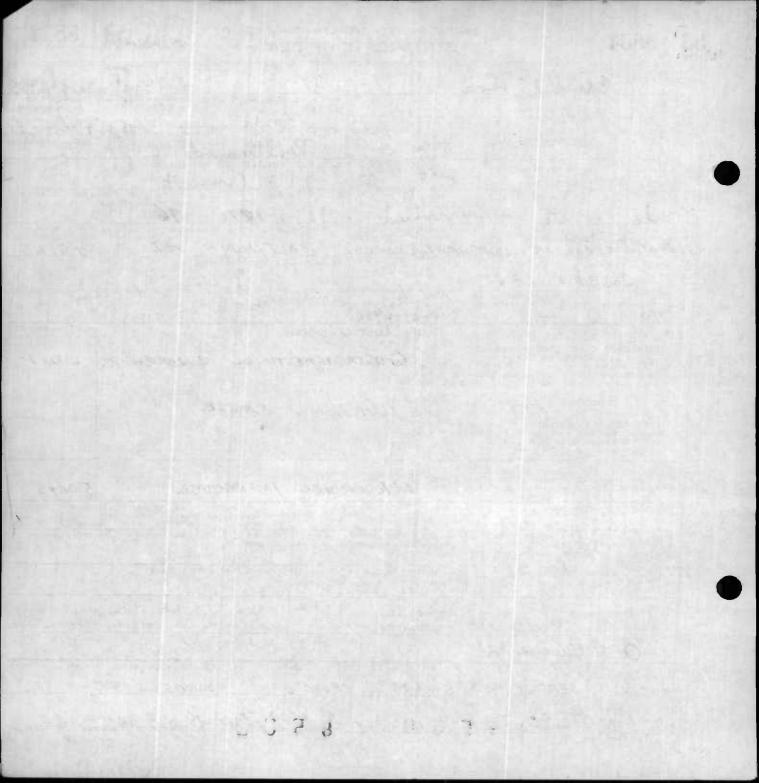
MARGIN RESERVED FOR BINDING

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4	3 8
4	BIRTH NO
	1. NAME (Type or F
	3. PLACE
	B. FULL N HOSPITAL INSTITUT
0	c. Lengt
	5. SEX
	work done duri

BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

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53	747
	0004
Registered No	

BI	RTH NO.	- O. DEITH
	NAME OF DECEASED	2. DATE
(T)	ype or Print)	DEATH Sew tember 23,1953
3.	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived If institution : residence
	Baltimore City, Maryland	A. STATE B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address or location)	ma.
	JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
3	SOUND HOSPITAL	2 altimore
	LIFE Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c.	Length of stay in Baltimore Mos. Days	175. (Mm St.
-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years Minder 1 Year Minder 24 House last birthday) Months; Days Hours Min.
V	WIDOWED, DIVORCED (Specify)	
10	mule White manned	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work	A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
27	EVATOR OPERATOR CONTINENTAL CAN CO	BALTIMORE MD U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JOSEPH LEE	9
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17 INDONANT
(You	s, no or unknown) (11 yes, give war or dates of service) SECURITY NO.	17. INFORMANT HOPKINS HOSPITAT
	NO - 218-09-6984	HOSPITAT
	18. 578X . CAUSE (OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	
	LEADING TO DEATH	COINTESTINAL HEMORRINGE 2 DAYS
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	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
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DICAL CERTIFICATI	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT WORK AT	EDIAC INFARCTION IF OPERATION WAS RELATED TO 20. AUTOPSY? YES NO RES., In or PART I 1 or PART II or PART II or PART II NO INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR?
DICAL CERTIFICATI	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT WORK AT WORK AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 9-22, 1952, and that death occur 23A. SIGNATURE	EDIAC INFARCTION IF OPERATION WAS RELATED TO 20. AUTOPSY? YES NO RES., In or PART I 1 or PART II or PART II or PART II NO INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR?
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MEDICAL CERTIFICATI	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (about home, farm, factory, street, office) about home, farm, factory, street, office) of INJURY 21B. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY) 22. I hereby cortify that I attended the deceased from deceased alive on 9-22, 1952, and that death occur 23A. SIGNATURE 24B. DATE 24C. NAME OF CEMETE	EDIAC INFARCTION IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH. ENTER IN PART I OR PART II OR PART II S. S., In or 1 2 Ic. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? ED 21F. HOW DID INJURY OCCUR? (C) 2 If I HOW DID INJURY OCCUR?
MEDICAL CERTIFICATI	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (about home, farm, factory, street, office) DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY) 22. I hereby certify that I attended the deceased from deceased alive on 2-22, 1952, and that death occur at work of the control of the co	CACCSE CONTINUED SOURCE CACCSE SOURCE
MEDICAL CERTIFICATI	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION PASSED OR CONDITION CAUSING IT. 19A. DATE OF OPERATION OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (about home, farm, factory, street, office) about home, farm, factory, street, office) work of INJURY 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 9-22, 1952, and that death occur at work of the control of the deceased from deceased alive on 9-22, 1953, and that death occur at work of the control of the deceased form deceased alive on 9-22, 1953, and that death occur at work of the control of the deceased from deceased alive on 9-22, 1953, and that death occur at work of the control of the deceased from deceased alive on 9-22, 1953, and that death occur at work of the control of the deceased from deceased alive on 9-22, 1953, and that death occur at work of the control of the deceased from deceased alive on 9-22, 1953, and that death occur at work of the control of t	EDIAC INFARCTION IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH. ENTER IN PART I OF PART II S. S., In or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR? ED 22f. HOW DID INJURY OCCUR?
D HN MEDICAL CERTIFICATI	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (about home, farm, factory, street, office) DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY) 22. I hereby certify that I attended the deceased from deceased alive on 2-22, 1952, and that death occur at work of the control of the co	EDIAL INFARCTION IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II O. S., In or Didg., etc.) ED 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? ED 21f. HOW DID INJURY
DI HANDING MEDICAL CERTIFICATI	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 9-22, 1952, and that death occur 23A. SIGNATURE 4A. BURIAL CREMA-ON, REMOVAL (Specify) BURIAL SEPT 26 1953 SWART 2 ATE RECEIVED BY REGISTRAR'S SIGNATURE	COLOR INFORMATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II E. g., In or PART I OR PART II 21c. WHERE DID (If in Baltimore City, give exact location) injury occur? ED 21f. HOW DID INJURY OCCUR?



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	EALTH DEPARTMENT E OF DEATH Registered No.	8535	
AME OF DECEASED of Print) Boy ROWE	2. DATE OF DEATH 9/2	2/53	
LACE OF DEATH: saltimore City, Maryland MERCY HOSPITAL	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)	
ULL NAME OF (If not in hospital or institution, give street address or institution MERCY HOSPITAL location)		vrite RURAL and give township)	
ength of stay in Baltimore /2 minutes Mos. Days	D. STREET ADDRESS (If rural, give location) 20 Peble Dr.	50	
EX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9/22/53 last birthday Month	ler Year If Under 24 Hours Min. /2	
USUAL OCCUPATION (Givekind of none during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	. CITIZEN OF WHAT COUNTRY?	
HOWARD ROWE	14. MOTHER'S MAIDEN NAME GENEVA STAMPER		
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADD	RESS	
CAUSE OF-DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (CAUSE OF-DEATH COUGHILLE TO (A) Cryphule . (A) Cryphule . (B) DUE TO (B) DUE TO (C)			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.			
94. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER		YES NO	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, at reet, office bldg.,		e exact location)	
DF (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK			
deceased alive on, 19, and that death occur	rred at 6:30 Am., from the causes and on the		
Clara M. Santangriam. D.	Mercy Hospital	9/22/53	
BURIAL CREMA- REMOVAL (Specify) 9-34-53 24C. NAME OF CEMETE	LEV OR CREMATORY 240. LOCATION (City, town, or	county) (State)	
AL BEGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR A A	DDRESS	
VS 150	Greenword (8 mg)	V.	

V-460
8536
RTH NO.

NAME OF DECEASED
PE OF DECEASED
PLACE OF DEATH:

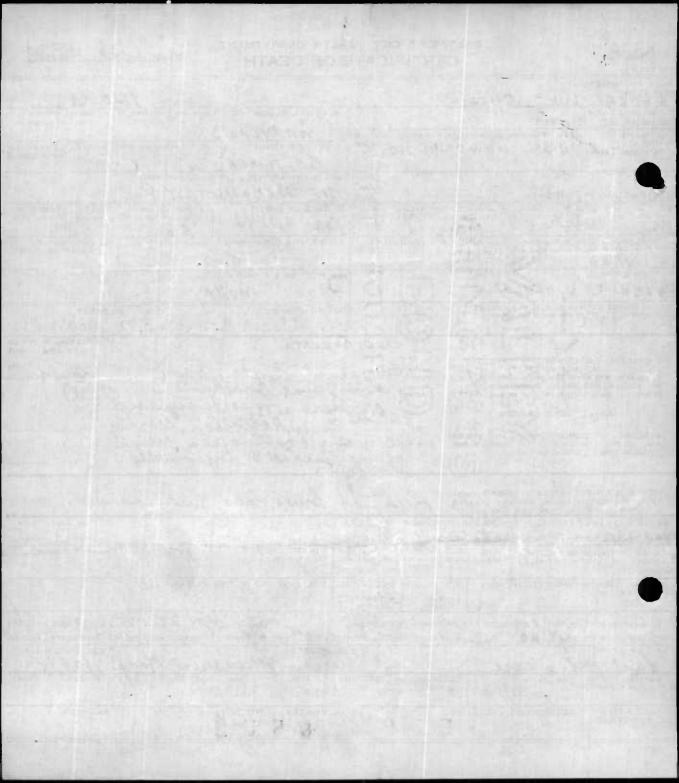
WHEELER

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 8536

2. DATE OF DEATH

VALUE OF (If not in hospital or institution, give street address of PITAL OR THE VNION MEMORIAL HOSP.	A. STATE B. COUNTY before admission)
THE UNION MEMORIAL HOSP.	MARYLAND
	C. CITY OR TOWN (If outside corporate limit), write RURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location),
ength of stay in Baltimore 40 yrs Mos. Days	118 WOODINGTON Rel.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	FRL ",1871 56
USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR neduring most of working life, even if retired) Curtis Bay INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Ordinance Dentit	St.Mary's o.Md.
ATHERS NAME	14. MOTHER'S MAIDEN NAME
eter c wherefr	MARY MCKAY
VAS DECEASED EVER IN U. S. ARMED FORCES? o or unknown) (If yes, sive war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
MMT	rs. Mildred A. Wheeler, 718 Woodington
8. 154X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	0 1 : -
(This does not mean the mode of dying, e.g.,	level Territorilis & 84000.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	taterial abstruction
ANTECEDENT CAUSES	mome of rectarguesed
DISEASES OR CONDITIONS, IF ANY, GIVING	C multiple will be a second
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	ing thetruction ellipse
(c) Allta	Chroce & Cydinales
	I lower tobe guemonia
9A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
944, 1952 Sutsterial rost	uction YES NO [
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	
IE (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
	1. 18 1953 to Sept 22 , 1953 that I last saw the
deceased alive on Section 1953, and that death occur	rred at 4" om., from the causes and on the date stated above.
	23B. ADDRESS 23C. DATE SIGNED
3a. SUNATURE	unas Memorial Hasp. 9/27/53
SA. SINATURE M.D. Allere M.D.	
Paul M. allie M.D.	ational Paltimore, and (City, town, or county) (State)
BURIAL, CREMA- 24B. DATE REMOVAL (Specify) ept. 25/53 Beltimore No. 25/53 REGISTRAR RE	ational Baltimore, address
BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE BELLIMOTE IN ALL REGISTRAR REGISTRAR'S SIGNATURE	ational Paltimore, "d.
BURIAL, CREMA- 24B. DATE REMOVAL (Specify) ept. 25/53 Beltimore No. 25/53 REGISTRAR RE	ational Baltimore, address



INSTITUTION

(Yes, no or unknown)

5. SEX

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information should be ca

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UNFADING Physicians: p MARGIN

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

8537 Registered No

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

(State)

township)

1. NAME OF DECEA (Type or Print)	Dr.	WILLIAM	MYNN	THORNT	ON,	Jr.	2. DATE OF DEATH	Sept.	22,	1953	3
3. PLACE OF DEATH A. Baltimore City,					4. US A. ST.	SUAL RESIDENCE	(Where deceased B. CO				dence lmission)
B. FULL NAME OF	(If not in hos	spital or institution	n, give stree			Maryland					1
HOSPITAL OR				location)	c, Cl	TY OR TOWN	(If outside contro	ratellimits	w ite	URAL	and give

Yrs.

Mos.

Days

Union Memorial Hospital

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

c. CITY OR TOWN

Feb. 7, 1886

Virginia

Baltimore D. STREET ADDRESS (If rural, give location)

3438 University Place

9. AGE (In years | | Under | Year | | If Under 24 Hours | last birthday) | Months: Days | Hours | Min. If Under 24 Hours 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF

Male White

c. Length of stay in Baltimore

married 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR

work done during most of working life, even if retired) Professor of Chemistry Lovola

13. FATHER'S NAME

6. COLOR OR RACE

Wm. M. Thornton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 14. MOTHER'S MAIDEN NAME Rosalie Harrison

17. INFORMANT

ADDRESS Mrs. Florence B. Thornton-3438 University

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE To Thrombophlebitis, left leg (B) Acute myocardial infarction

(A) Massive pulmonary embolism

DUE TO Coronary occlusion

CAUSE OF DEATH

11 OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [OR CONTRIB. about home, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH.

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

(If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an _

9/25/53

NOT WHILE AT WORK

autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🖫, accident 🖂, suicide 🖂, homicide 🗀, undetermined 🗀.

Cemetery

23A. SIGNATURE

248, DATE

23B. CHIEF MEDICAL EXAMINER ... X | 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county)

y Lancaster,

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

OF INJURY

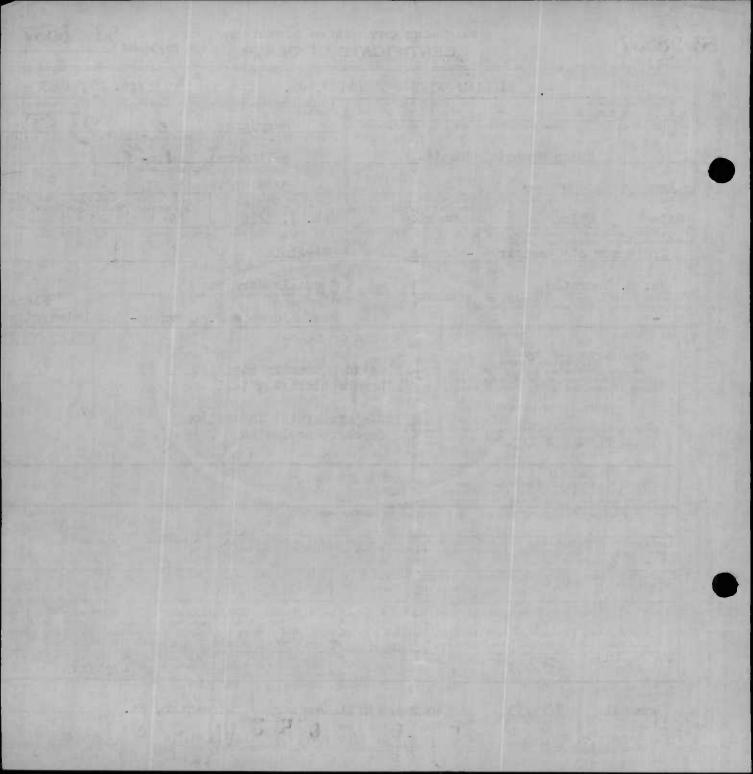
Removal DATE RECEIVED BY LOCAL REGISTRAR

Woodward Hill REGISTRAR'S SIGNATURE

ADDRESS

VS 151

especially WRITE re is espe



BALTIMORE CITY HEALTH DEPARTMENT 8538 Registered No. CERTIFICATE OF DEATH RTH NO NAME OF DECEASED 2. DATE Sept 23, 1953 Alfred OF H. Hobson DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence Baltimore City, Maryland B. COUNTY before admission) Mary lan FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR Union memorial Hospitalion) (If outside corporate limits, write RURAL and give Baltimore D. STREET ADDRESS (If rural, give location) Vre Mos. Length of stay in Baltimore 8. DATE OF BIRTH AGE (In years | if Under | Year | if Under 24 Hours last birthday) Months; Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) WIDOWED, DIVORCED (Specify) June 7, 1887 A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY retired Ticker Clerk Maryland Railroad FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Hobson Sophia Smith WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL 27/1 SISINOVE Battimore no or unknown) SECURITY NO. mrs. Nellie Hobson INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY " Myccardial infarct LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Gastric hemorrhage, DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) perferation of anastomosis

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

generalized arteriosclerssis with

21A. ACCIDENT WAS UNDER-

Multiple superficial erosing of stomach mucosa 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location)

LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

ME (Month) (Day) (Year) (Hour)

22. I hereby certify that I attended the deceased from Graf. 26 19.53 to Sept 23 , 19.53 that I last saw the deceased alive on Sept 23, 19.53, and that death occurred at 5 m., from the causes and on the date stated above.

23A. SIGNATURE | 23B. ADDRESS | 23C. DATE SIGNED , 1953 that I last saw the

21F. HOW DID INJURY OCCUR?

Mying memorial Hospita

		COUNTY		i
١.	BURIAL	(Specify)	248. DATE	

Woodlawn Cem.

24c. NAME OF CEMETERY OR CREMATORY!

Burial 9/28/53

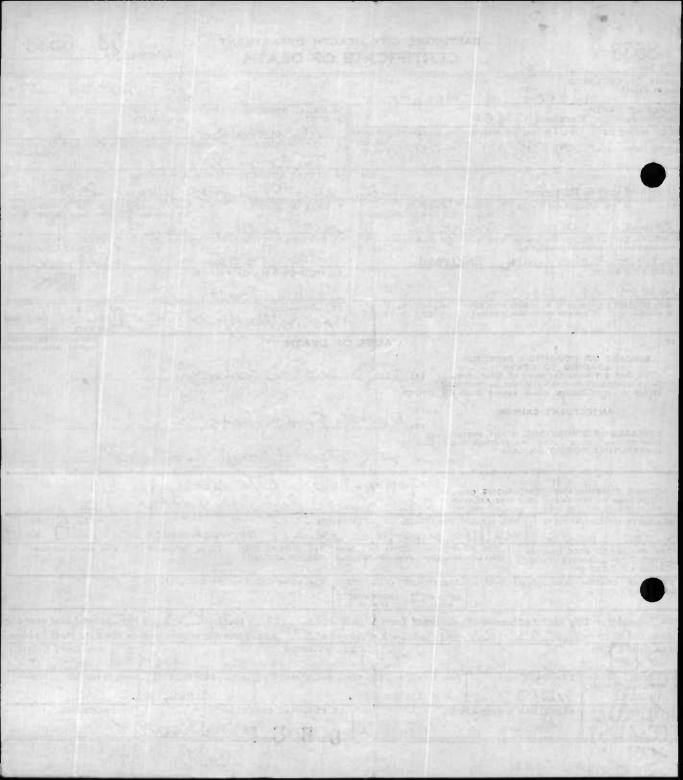
Woodlawn, Md. 25. FUNERAL DIRECTOR

ADDRESS

TE RECEIVED BY CAL REGISTRAR

REGISTRAR'S SIGNATURE

VS 150

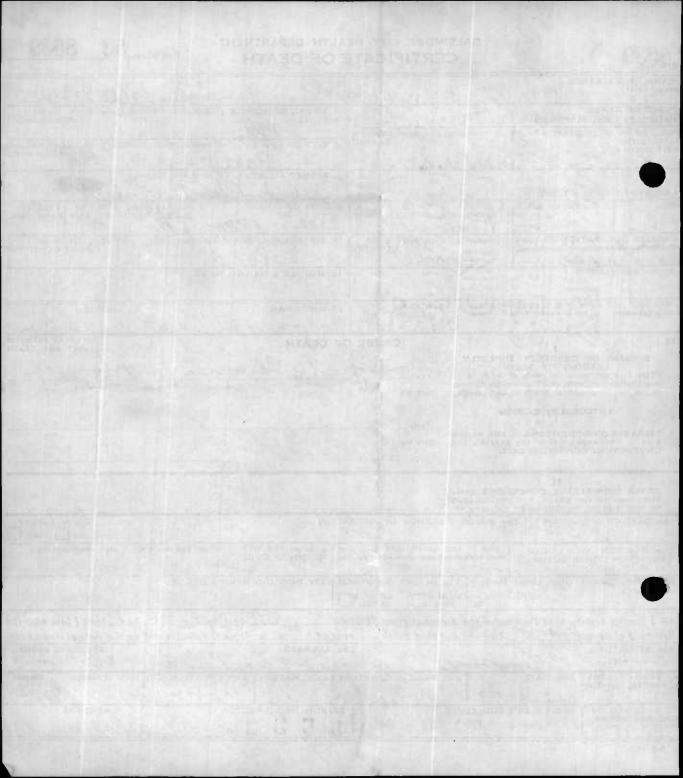


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

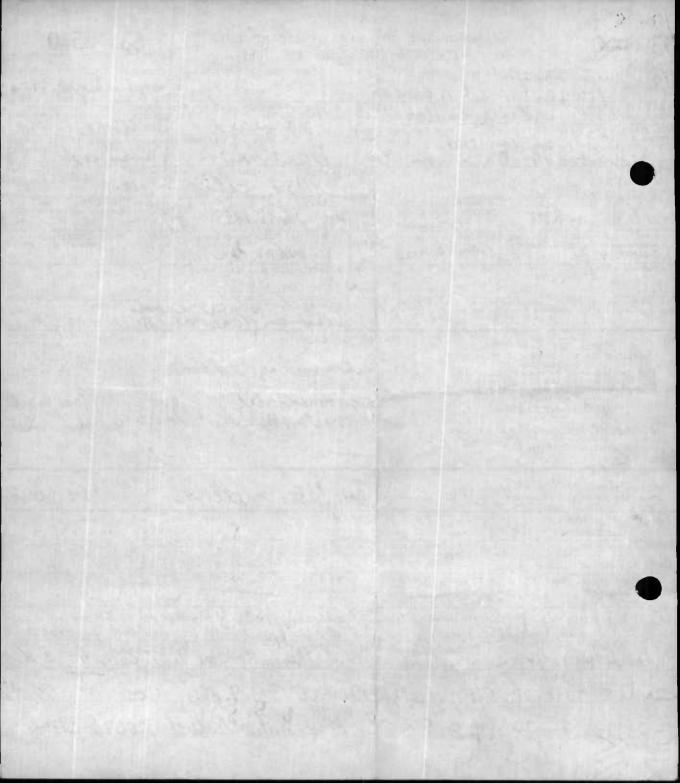
Registered \$3 8539

e or Print) adam Klimczak	OF Rept. 22-1953
Baltimore City, Maryland Galte, Cety	4. USUAL RESIDENCE (Where deceased live). If institution: residence A. STATE B. COUNTY before admission)
ULL NAME OF (If not in hospital or institution, give street address or location)	
TITUTION 3/6 & Chartonal+	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days	316 S. Chester St.
ale White Married (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under 1 Year Months Days Hours Min.
USUAL OCCUPATION (Give kind of one during most of working life, even if retired) INDUSTRY	11. BIRTHBLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
there's NAME / Homes	Voland
MANUE O	14. MOTHER'S MAIDEN NAME
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
219-05-4347	Maryanna Klimcsak 3/68, Chester St.
10-1	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	erable Carcuma / Left Ling 14
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	easter - ou region of the
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TD THE DISEASE OR CONDITION CAUSING IT.	
9A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, give exact location)
ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from few deceased alive on 1993, and that death occur 234 STGNATURE	1953, to Sept. 27, 195 that I last saw the
deceased alive on 1953, and that death occur	rred at 1 = 2 m., from the causes and on the date stated above.
Cuntry Thurson " M.D.	236. ADDRESS 23C. DATE SIGNED 3529 Sept 4 9 9 9 12 13 13 13 13 13 13 13 13 13 13 13 13 13
BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
surial Sept 36,53 Holy	Osary Balto, Co, mol,
E RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
SEP 24185 Juney you Validating	MM. S. Beachowsky 2007 Castern aug
VS 150	524



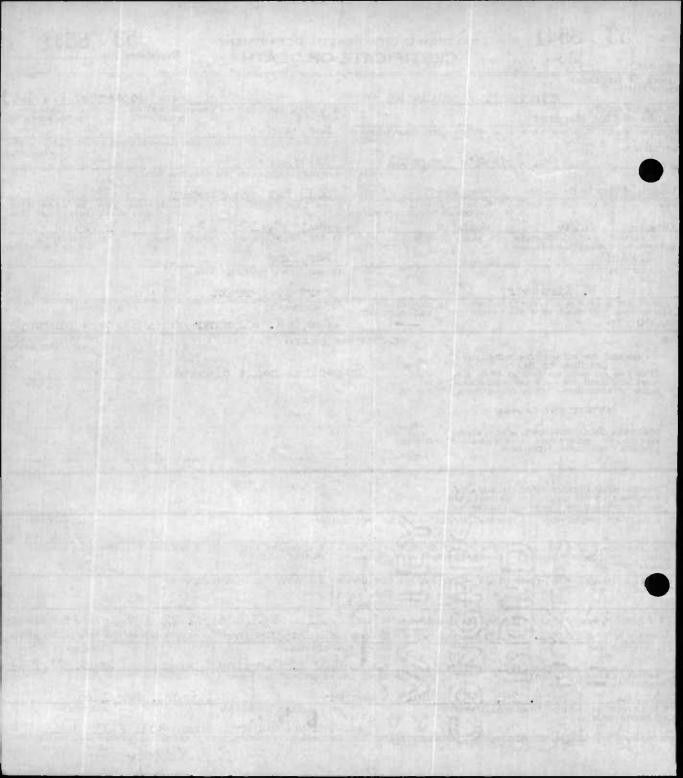
BALTIMORE CITY HEALTH DEPARTMENT 53 8540

TH NO.	~0		CERTIFIC	ATE	OF DEAT	H	Register	ed No.	O 34 O
	AUGUSTO	ASIADe	mchuci	K	517128		OF SEP	tember	22, 1953
	City, Maryland		· Kospil	lal 4	STATE	ENCE (Whe			tion : residence before admission)
ULL NAME SPITAL OR TITUTION		spines!	n give street addi	- A: \	Balli	V (If ou	tside corporate	imits, write	RURAL and give township)
Length of s	tay in Baltimore	A VICE I	7104 1 - 10	Yrs. O. Mos. Days	STREET ADDR	Fill Fill	al, give location	4.2	5-05
male	6. COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (S	Specify)	Number 15		last birthday)	Months D	eat If Under 24 Hoors Pays Hours Min.
	CUPATION (Give kind of of working life, even if retired)	10B. KIND	home INDU	OR 11	BIRTHPLACE	State or fore	ign country)	12. CI	HAT COUNTRY
FATHER'S	NAME			14	. MOTHER'S M.	AIDEN NAM	E		
WAS DECEAS no or unknown)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY	NO. 7	. INFORMANT	pripal	record	ADDRES	ss Md.
heart faile injury or DISEASE RISE TO 1	LEADING TO DEAT s not mean the mode of ore, asthenia, etc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	of dying, e.g. ns the disease caused death. SES F ANY, GIVING STATING THE	(B) QAX	les t	nonary mpensal sclaptic	hear	mu H dina	re H	four month
TRIBUTING	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D	Dia	betes 1	nelli	lus	1	4 years
19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF	OPERATI	ON				YES NO
21A. ACCIE LYING O CAUSE OF	R CONTRIBUTING DEATH		CE OF INJURY arm, factory, street, office		21c. WHERE INJURY OCC		in Baltimore C	ity, give exa	act location)
210 ME OF JRY	(Month) (Day) (Year)	W		WHILE	21F. HOW DI	D INJURY (OCCUR?	_	
22. I herel deceased a 23A. SIGNA	by certify that I attalive on September	219.53. d	deceased from and that death	occurred 23B.	lat	3 to Syr	causes and	on the dat	e stated above
A. BURIAL. N. REMOVAL (CREMA* 248. DATE Specify)	-53	Holy	METERY	OR CREMATORY		cation (City, t		
TE RECEIVE CAL REGIST FP 7 41	D BY REGISTRAR	SSIGNATU	RETAIL O	-41 -25	m. 8.7	called	wski 2	ADDE	estorn and
VS 150	100	0							ave



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53	8541	BAI	TIMORE CITY HE	EALTH DEPARTMEN	₁₇ 53	8541
RTH NO. 5	3-17906		CERTIFICAT		Registered No	OCAL
NAME OF D	ECEASED				2. DATE OF	
	Kirchn	er, Pa	tricia Helen		DEATH Septe	mber 22, 1953
PLACE OF D Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, If in B. COUNTY	stitution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street address or			Maryland			
STITUTION			location)	C. CITY OR TOWN	(If outside corporate limits,	
	St. Jo	seph's	Hospital	Baltimore	27.	- 85 township)
			Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	/
Length of stay in Baltimore 8 weeks Days			6611 Eastern	Parkway	14	
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH		der i Year If Under 24 Hours hs: Days Hours Min.	
Female	White	Sin	79	July 30, 1953		23
A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State of		2. CITIZEN OF
Infan	t		INDUSTRY	Maryland		WHAT COUNTRY?
FATHER'S N				14. MOTHER'S MAIDEN	NAME	
Josep	h W. Kirchner			Mary E. Syrra	++	
	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ORESS
No	(At you, give was or dates	or service)	SECURITY NO.	Joseph W. Kirc	hner 6611 East	
18. 754	11		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEAS	E OR CONDITION I	DIRECTLY		7.		ONSET AND DEATH
	LEADING TO DEAT	H	Co	ngenital heart	di see se	
heart failu	re, asthenia, etc. It mean complication which co	as the diseas	e,	TOOTER TO WARREN TO BE AND THE STATE OF THE	M-486629	***************************************
			.) DUE TO			A DEALLING
	ANTECEDENT CAUS	ES				
DISEASES	OR CONDITIONS, IF	ANY, GIVIN	(B)	***************************************		
UNDERLY	HE ABOVE CAUSE (A)	STATING TH	HE DUE TO			Land the second
			(C)	***************************************		
	li li					
	IGNIFICANT CONDIT					
	ISEASE OR CONDITION			······		
19A. DATE O	F OPERATION 19	B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
						YES NO X
	ENT WAS UNDER-	ebout home,	ACE OF INJURY (e. g., it farm, factory, street, office bldg., e	n or 21c. WHERE DID	(If in Baltimore City, give	re exact location)
CAUSE OF						
IME ((Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
Joki		m.	WHILE AT WORK			
22 I harah	as contifes that I att.			t 27 1052 to	Sept. 22 , 19 53	that I last same the
	live on Sept. 22				n the causes and on the	
23A. SLONAT		·, 1022.		38. ADDRESS	n the causes and on the	23c. DATE SIGNED
Tha	Transil. a) dan	Track M.O.	1400 N. Carolin	o Stroot	ept. 22.1953
A. BURIAL, C					LOCATION (City, town, or	
Burial	Sept. 2	5 100	Holy Redee	mer	Baltimore, Maryl	and
TE RECEIVE	D BY REGISTRAR'S	SIGNATU		25. FUNERAL DIRECTO		ADDRESS
CAL REGIST	RAR	1 .0	E. 3 0 01	Burgee Funera		Lls Road
P 2449	11-11-11	1000	A TOTAL STATE OF THE STATE OF T	Dat 800 1 miet a	TOO JUST La	LIS ROAU
VS 150	Humler	7	I I I A A A A A A A A A A A A A A A A A	Horner, S	r. Durgee	

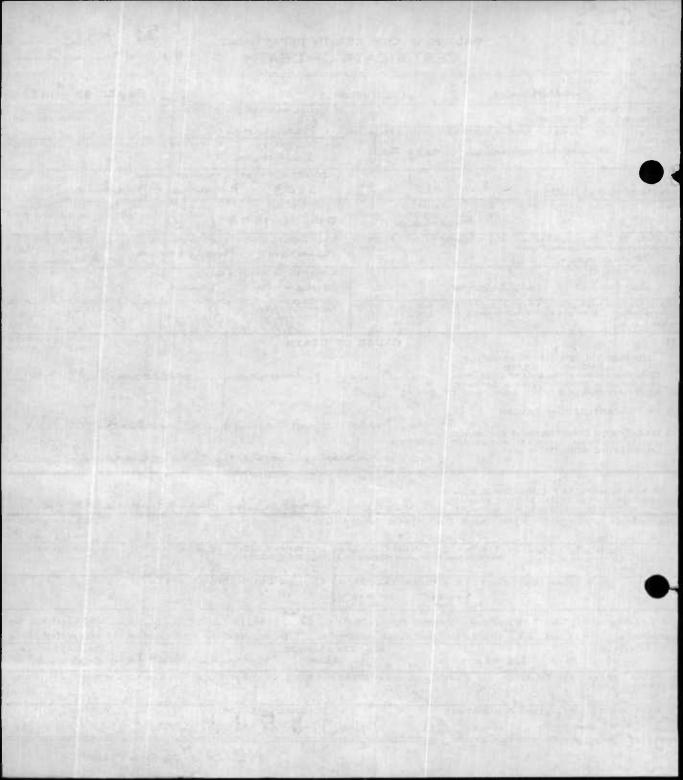


VS 150

BALTIMORE CITY HEALTH DEPARTMENT

53 8542

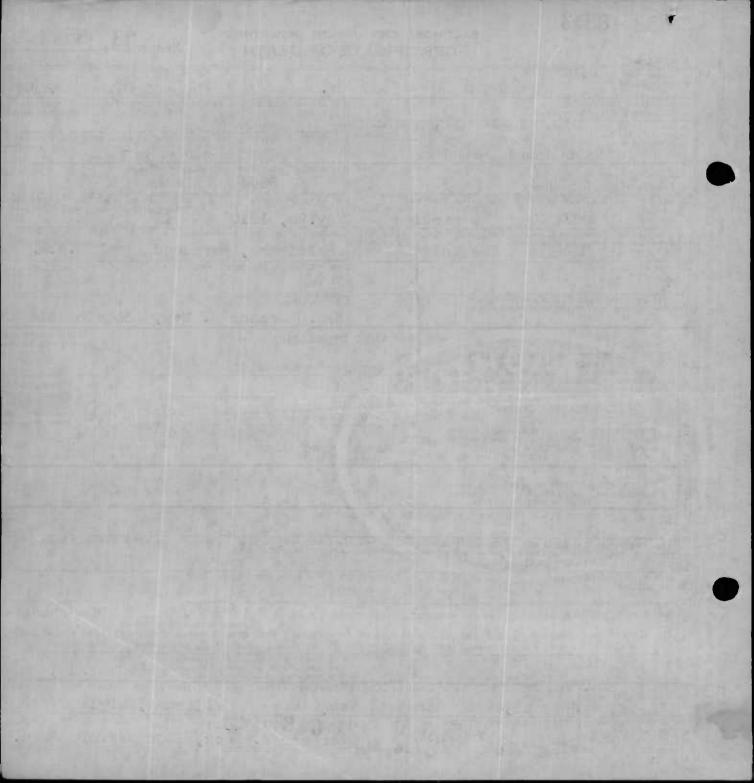
Registered No. CERTIFICATE OF DEATH RTH NO NAME OF DECEASED 2. DATE vpe or Print) Lawrence OF WILLIAMS. DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence Baltimore City, Maryland B. COUNTY before admission) FULL NAME OF (If not in hospital or institution, give street address or Maryland SPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give STITUTION Hospital. D. STREET ADDRESS (If rural, give location Yra. Mos. 3505 Length of stay in Baltimore Davs 9. AGE (In years if Under 1 Year | If Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 7. 189 Marrie 54 A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Many Land Policeman Runk ton. America FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Vugenia T. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL THINFORMANT ng or primown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 420.1 and 204.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., 30 mun. (A)Acuta heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS 21B, PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH IME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from Sept. 22 1953 to , 19___, that I last saw the deceased alive on 5. 12 1953, and that death occurred at 9 p.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED н. M. TE RECEIVED BY 25 FUNERAL DIRECTOR CAL REGISTRAR



BINDIN

RESERVED

MARGIN



F 53		D 1	8 8544
	or Print) FINGUST FRANZ	2. DATE OF DEATH	13-1953
	ltimore City, Maryland A. SPATE	B. COUNTY	titution : residence before admission)
HOSP	LL NAME OF (If not in hospital or institution, give street address or location) TITAL OR (ITUTION) C. CLO OR T	LTIMORE	vrite RURAB and give
c. De	higth of stay in Baltimore Yrs. Mos. Days	DORESS (If rural, give location)	5-
nA	LE White Widowed (Specify)	1869 last be the Month	ler I Year If Under 24 Hours Min.
DA C	JSUAL OCCUPATION (Give had of 10B KIND OF BUSINESS OR 11. BIRTHPLA duba most of working file every fettred) 10B KIND OF BUSINESS OR 11. BIRTHPLA (Give had of 10B KIND OF BUSINESS OR 11. BIRTHPLA (ACE (State or foreign country)	WHAT COUNTRY?
13. FA	ETER FRANZ GATE	S MAIDEN NAME	
15. W	AS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 177, INFORMA SECURITY NO. 177, INFORMA	+ V. FRANZ 345 SU	RESS VOODY EAR A
18 18	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH (A) DUE TO (B) CULTIVITY (C)	dist Farlun's clerotie e.V.D.	white the state of
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19	A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
. L.	1A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHE ying OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY CALLED AUSE OF DEATH		
21	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW WHILE AT NOT WHILE AT WORK AT WORK	DID INJURY OCCUR?	
			that I last saw the
23	3A. SIGNATURE 19. Higheten M.D. 23B. ADDRESS 19. Higheten M.D. 888	. / / . (4 3	23c. DATE SIGNED
	BURIAL. CREMA- 248. DATE 24C. NAME OF CEMETERY OF CHEMAT REMOVAL (Specify) 1 10 4 1 E O E E M E	P 240 DOCATION (City, town, or	county) (State)
ATE	RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL LANGE AND A STATE OF THE PARTY OF THE	Will M. Wal	TOTAL

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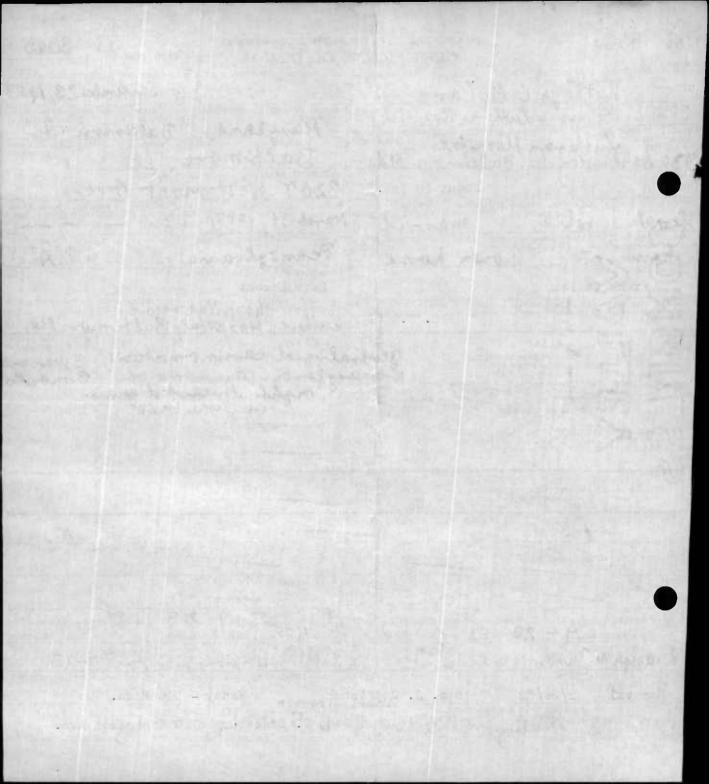
CERTIFICIAL BURNINGS

M-250 53 8545

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8545

I. NAME OF DECEASED	
(Type or Print) Kathryh C. Mc Cann	2. DATE OF September 23, 1953
a. Baltimore City, Maryland Lufteren Koski	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give stree HOSPITAL OR YUTHER HOSPITAL OR YUTHER HOSPITAL OR THE HOSPITAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. Ogth of stay in Baltimore About 10 Y	rs. Mos. 207 West-mont Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORC	8. DATE OF BIRTH 19 AGE (in years If linder 1 Year If linder 24 Hours
10A. USUAL OCCUPATION (Give kind of prk dene during most of working life, even if retired)	ESS OR II. BIRTHPLACE (State or foreign country) Penn Sylvania 12. CITIZEN OF WHAT COUNTRY?
Frank Callen	14. MOTHER'S MAIDEN NAME Mary Lamont
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, sive war or dates of service) 216.55 UR	17. INFORMANT hospital records DDRESS Lutheran Hospital, Baltimure Mul,
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	Generalized careinomatoris; 3 years and imary lesion: careinoma of 3 months right breast diagrand in June 1950
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	OF OPERATION 20. AUTOPSY?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJUING OR CONTRIBUTING about home, farm, factory, etree	OF OPERATION 20. AUTOPSY? YES NO JRY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street CAUSE OF DEATH	OF OPERATION 20. AUTOPSY? YES NO JRY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atree CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from the control of the control	OF OPERATION 20. AUTOPSY? YES NO PRY (e. g., in or et, office bldg., etc.) OCCURRED NOT WHILE AT WORK Prom 9 - 19 1953, to 9-23 1953 that I last saw the
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased for deceased alive on 23A. SIGNATURE	OF OPERATION 20. AUTOPSY? YES NO PRY (e. g., in or et, office bldg., etc.) OCCURRED NOT WHILE AT WORK Prom 9 - 19 1953, to 9-23 1953 that I last saw the
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from the deceased alive on 23A. SIGNATURE 24B. DATE 24C. NAME ON REMOVAL (Specify)	OF OPERATION 20. AUTOPSY? YES NO JRY (e. g., in or et, office bldg., etc.) OCCURRED NOT WHILE AT WORK Prom 9 - 19 1, 1953, to 9 - 23 1, 1953 that I last saw the eath occurred at 405, m., from the causes and on the date stated above. 23B. ADDRESS M. D. 23B. ADDRESS M. D. 23B. ADDRESS M. D. 1953 that I last saw the eath occurred at 405, m., from the causes and on the date stated above. 23B. ADDRESS M. D. 1953 that I last saw the eath occurred at 405, m., from the causes and on the date stated above. 23B. ADDRESS M. D. (State)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK WORK 22. I hereby certify that I attended the deceased for deceased alive on 23A. SIGNATURE	OF OPERATION 20. AUTOPSY? YES NO JRY (e. g., in or et, office bldg., etc.) OCCURRED NOT WHILE AT WORK TOM 9 - 19 1953, to 9 - 23 1953 that I last saw the eath occurred at 405 m., from the causes and on the date stated above. 238. ADDRESS M. D. YOUTHINGTON 1953 BULL 1953. DATE SIGNED M. D. YOUTHINGTON 1953 BULL 1953. DATE SIGNED

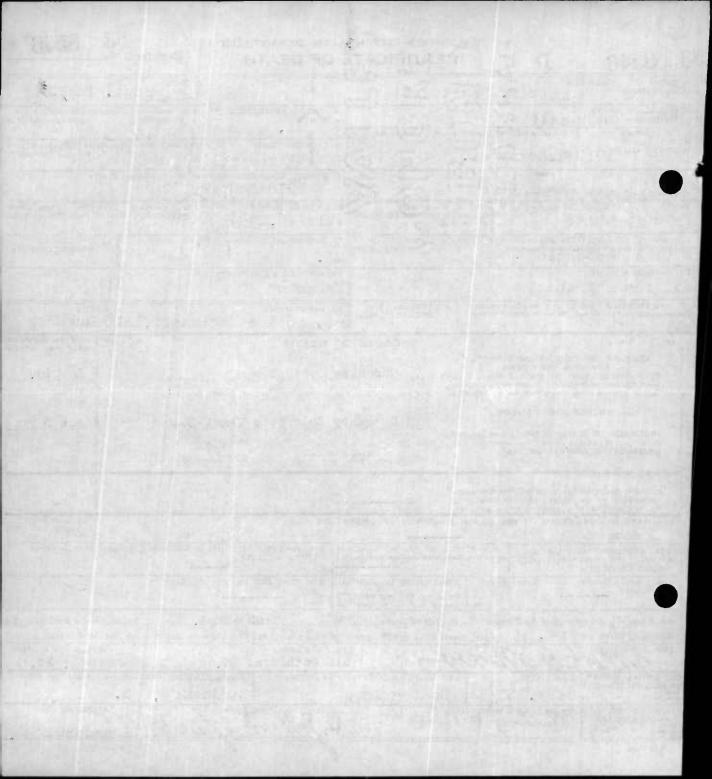


E-524 53RTH 8546

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8546
Registered No.

1. NAME OF DECEASED (Type or Print) Amos R. Englehart	of Sept. 22/53
B. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE A. STATE	RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
TOLL WANTE OF (AT MODIFIED OF MISCIEUM, SIVE STEEL BUGGESS OF	
HOSPITAL OR NSTITUTION 1010 MONTH STATE OF STATE	
	Lumore
	ADDRESS (If rural, give location)
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF	9. AGE (In years II Under I Year II Under 24 Hours Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) Red done during most of working life, even if retired) LETIPO WATCHMAN	LACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME 14. MOTHE	R'S MAIDEN NAME
Villiam Englehart Unknow	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORM	ottie Englehart, 1810 McHenry S
18. 42010 I CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Coronary Occlu	asion 10 min.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	10 1111,
ANTECEDENT CAUSES Coronary Scler	otic Heart Disease about 3 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING	Joseph about J Vis
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
II STATE OF THE ST	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	20. AUTOPSY?
None	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. Wh	HERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY	OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HO	DID INJURY OCCUR?
MJURY m. WHILE AT NOT WHILE MY WORK AT WORK	
22. I hereby certify that I attended the deceased from August	, 19 53 to Sept. 22 , 1953, that I last saw the
deceased live on Sept. 22,1953, and that death occurred at 9:4	50 m. from the causes and on the date stated above
23A. SICHATURE 23B. ADDRES.	
///// 516 Cath	nedral St. Sept. 24. '53
4A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMA	ATORY 24D. LOCATION (City, town, or county) (State)
rial Sept. 26/53 Loudon Park	Baltimore. d.
ATE RECEIVED BY REGISTRAR'S SIGNATURE 1 4425. FUNER	
FP 4 10 A Thursday Thursday A	With/w4101 Lamondson Ave-
VS 150	00



13-	625	
53 _{HTH}	8547	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8547 Registered No.

NAME OF DECEASED Annie E. Breckenridge	2. DATE OF OF DEATH Sept. 22, 1953
B. PLACE OF DEATH: B. Baltimore City, Maryland 808 W. L. exigg ton St.	4. USUAL RESIDENCE (Where deceased lived If institution: residence A. STATE B. COUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	C. CITY OR TOWN (If outside corporate white, water EURAL and give
NSTITUTION	Balt: more (township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
Days 6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	
WIDOWED, DIVORCED (Specify	feb. 12, 1870 last birthday) Months Days Hours Min.
OA. USUAL OCCUPATION (Givekind of tops the tops of the	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
House Wife	Howard County, Md. WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Eliza:
(es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. // FA A . CAUSE	OF DEATH SON W. Lexington ST.
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	le arteriosclerosis
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
II .	
OTHER SIGNIFICANT CONDITIONS CON-	totion
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg CAUSE OF DEATH	
215. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!	
m. WHILE AT NOT WHILE AT WORK	
1	18, 1953, to September 21953, that I last saw the
deceased alive on 1953, and that death occu	urred at 2:00 p. m., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED
CR. Campbell M.D.	718 Dolphin R. 9-24-53
4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
1040; a) Sept. 21, 1953 n) + Huburn	Cometery Bultimore, Md.
ATE RECEIVED BY REGISTRAR'S SIGNATURE SEP 2953	25. FUNERAL DIRECTOR ADDRESS BULLE. Bulle.
VS 150	

M-240 8548

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 8548

SIRIH NO.		
. NAME OF DECEASED Type or Print)	McCall, Bertha	2. DATE OF DEATH September 23, 195
. PLACE OF DEATH: . Baltimore City, Maryland	MO 002=9 202 0114	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before decision)
. FULL NAME OF (If not in hospi	tal or institution, give street address or	Maryland
OSPITAL OR NSTITUTION	location)	C. CITY OR TOWN (If outside corporate limits, write RUIAL and give township)
S	t. Joseph's Hospital	Baltimore
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore	6 years Days	1110 E. Chase Street #13
SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years It Under 1 Year It under 24 Hours last birthday) Months Days Hours Min.
Female Colored	Divorced	12-14-1908 44
A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) · 12. CITIZEN OF WHAT COUNTRY:
Day's work	Private Family	North Carolina 2.5.A.
B. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Den Walker		Mary Baker
. WAS DECEASED EVER IN U.S. ARME s, no or nnknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT PENBADDRESS
770		VIllian McCall Porth Smouth Va.
18. 491 x	CAUSE (OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION		ONSET AND DEATH
(This does not mean the mode	of dving, e.g., (A) Bron	chopneumonia
heart failure, asthenia, etc. It men injury or complication which	ans the disease, caused death.) DUE TO	
ANTECEDENT CAU		
ANISCEDENT CAU	(B)	
DISEASES OR CONDITIONS, I	IF ANY, GIVING	
UNDERLYING CONDITION LA	AST. (C)	
	(0)	
OTHER SIGNIFICANT COND	ITIONS CON	
TRIBUTING TO THE DEATH, BUT	NOT RELATED	
TO THE DISEASE OR CONDITION	19B. MAJOR FINDINGS OF OPER	ATION
TON DATE OF OF ENAMEDING	138. MAJON TINDINGS OF OFEN	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg., e	L.) INJURY OCCUR?
210. TIME (Month) (Day) (Year	(Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
INJURY	WHILE AT NOT WHILE	חליים ביים ואסטוריים ביים ביים ביים ביים ביים ביים ביים
	m. WORK L AT WORK L	
		t. 22 , 19 53 to Sept. 23 , 19 53, that I last saw the
deceased alive on Sept. 2		red at 5:452m., from the causes and on the date stated above.
23A. SIGNATURE	/ '	38. ADDRESS 23c. DATE SIGNED
	M. D. 24c. NAME OF CEMETE	11:00 N. Caroline Street Sept. 23.1953
AA. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify)	10-3 / 4/1	Control Establishment (State)
ATE RECEIVED BY L. REGISTRAR	1953 Kaura Mill	Cem. Vayetteville /1,C.
OCAL REGISTRAR	'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
SEP 24 153 Junion	and information will	anarchisooklek14126, 170ston St.
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		half of the state

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BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 8549

BIRTH NO. CERTIFICATE OF DEATH Registered No.						
1. NAME OF DECEASED (Type or Print)	2. DATE					
3. PLACE OF DEATH:	DEATH 7 2 4/5-3					
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address o location						
INSTITUTION 4335-Glenmore Are	township					
Yrs.	D. STREET ADDRESS (If rural, give location)					
Length of stay in Baltimore 28 y >5 Mos. Days	4223- A.la AVR					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	18 DATE OF BIRTH 19 AGE (In years) If linder 1 Year If finder 24 House					
Fernale White WIDOWED, DIVORCED (Specify	April, 82 1868 last birthday) Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work dome during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY					
house wife own home	Va. 4.5.4.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
W= C. Borum						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
NO None	Wm G. Borum 4335-Glenmore					
18. 42011 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES	CONARY ARTERIOSCLEROSIS 5 YRS					
O DISEASES OR CONDITIONS, IF ANY, GIVING	TON ATC ATC/ LIETOSCLEROSIS S TOO					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDERLYING CONDITION EAST.						
OTHER SIGNIFICANT CONDITIONS CON-						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	171					
TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE						
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give exact location)					
W CAUSE OF DEATH						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F, HOW DID INJURY OCCUR?					
F INJURY WHILE AT NOT WHILE						
m. WORK AT WORK						
22. I hereby certify that I attended the deceased from deceased alive on 125, 1953 and that death occur	erred at 6 A. m., from the causes and on the date stated above					
	23B. ADDRESS 23C. DATE SIGNED					
M. D. M. D.	633/ Selan Ra (6) 9/24/53					
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETI	ERY OR CREMATORY 24D. LOCATION (City, town, of county) (State)					
Buria1 9/26/5-3 Partwo	od 1/38 1.40. Mr.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 7401 Balair					
SEP 241993 Huntington Vallacus M	Heissahn Kinned Here 90.					
VS 150						

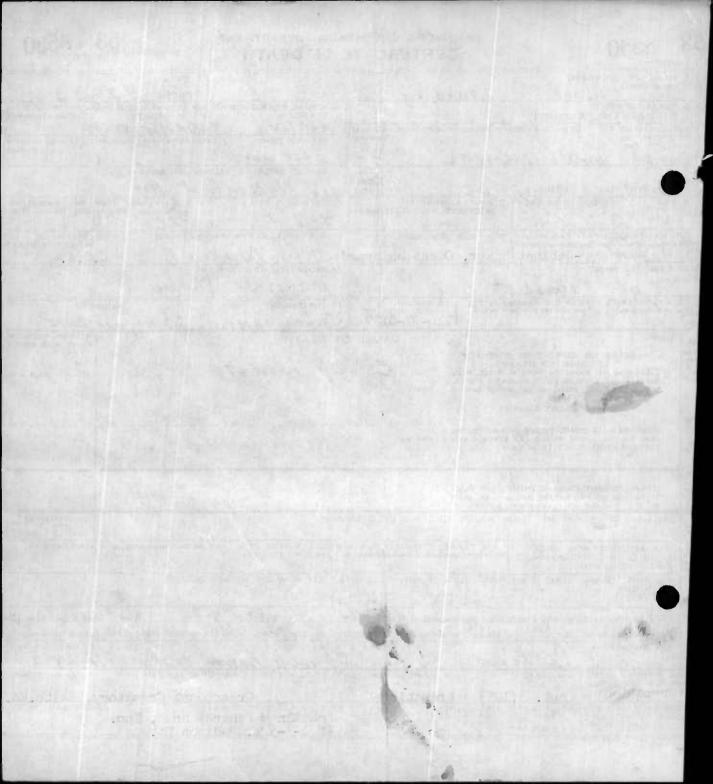
Dr. Machen 0.36 . 86

3 8550

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8550

BIRTH NO.								
1. NAME OF D (Type or Print)	Albert T	TAB	orky			ATE OF EATH	9-24-5-	}
3. PLACE OF D	EATH: City, Maryland			4. USUAL RESID			d. If institution:	
B. FULL NAME		al or institut	ion, give street address or location)	MATYLAND	B	ALTIMO	rt	
INSTITUTION				BALTIMO		corporate	imits, write RU	RAL and give township)
Church	Home + Ho	Spill	Yrs.	D. STREET ADDR		zive location	1	
	tay in Baltimore	60	Mos. Days	816 N.A	lon ford	AVE		
5. SEX	6. COLOR OR RACE	7. SINGLI WIDOW	E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTI	- la	GE (In year st birthday)	Months Days	Hours Min.
M	W		M	4-8-77		76		9
ork done during most o	CUPATION (Give kind of working life, even if retired)		OF BUSINESS OR INDUSTRY	II. BIRTHPLACE	State or foreign	country)		EN OF COUNTRY?
3. FATHER'S	ep-Cabinet	Maker,	Owens Shipyar		DVAKIA		U.S.A.	
-	7			14. MOTHER'S MA	- 1	10		
JOSEPH 5. WAS DECEASE	D EVER IN U. S. ARME		l te cocit:	TRANCIS	She	071		
es, no or unknown)	(If yes, give war or date	s of service)	16. SOCIAL. SECURITY NO.	17. INFORMANT	1		ADDRESS	
			216-07-0137	SIANLEY IA	borsky	8/2 Ar		18
18. 177	X		CAUSE	OF DEATH	· ·			AL BETWEEN AND DEATH
DISEAS	LEADING TO DEA	DIRECTLY	Da	01- 0	+ +		1 01	
(This does	not mean the mode ore, asthenia, etc. It mea	of dying, e. s	(A) C. It	OF Prosi	ATE		12	900
	complication which							
3 5 9 9	ANTECEDENT CAUS	SES						
DISEASES	OR CONDITIONS, I		(B)					
RISE TO T	HE ABOVE CAUSE (A)	STATING TH						
UNDERLY	ING CONDITION LA	IST.	(C)					
	.,							
	IGNIFICANT CONDI						9411	
	TO THE DEATH, BUT							
19A. DATE C	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION			20. A	UTOPSY?
1		1 22 22				101	YES	NO
21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			altimore Ci	ty, give exact l	ocation)
21D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DIE	INJURY OCC	UR?		
TAJURT		m.	WHILE AT NOT WHILE					
22. I hereh	y certify that I at	ended the	deceased from 9-1/	195.	3 to 9-24	/ 1	953 that I le	ast saw the
	ive on 9-24		and that death occur	LAN A	, from the car			
234. SIGNAT		-		3B. ADDRESS	/			TE SIGNED
bach	C Colle	ins	м. р.	hurch 1		Hasp	9-20	4-53
en REMOVAL (S	pecify		24c. NAME OF CEMETE	RY OR CREMATORY			own, or county)	(State)
PATE RECEIVE	10000,20		Cremation	25. FUNERAL DIF	Greenmour		atory, Ba	Ito.Md.
OCAL REGIST		my the	Volisius, M	Schiminek 2001-3-5	Funeral H	lome, I	nc.	
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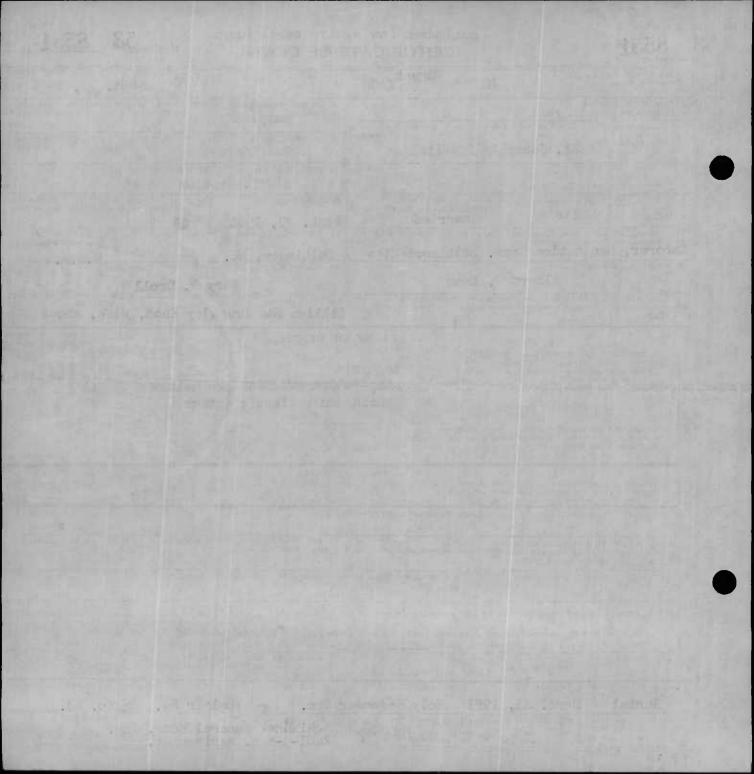


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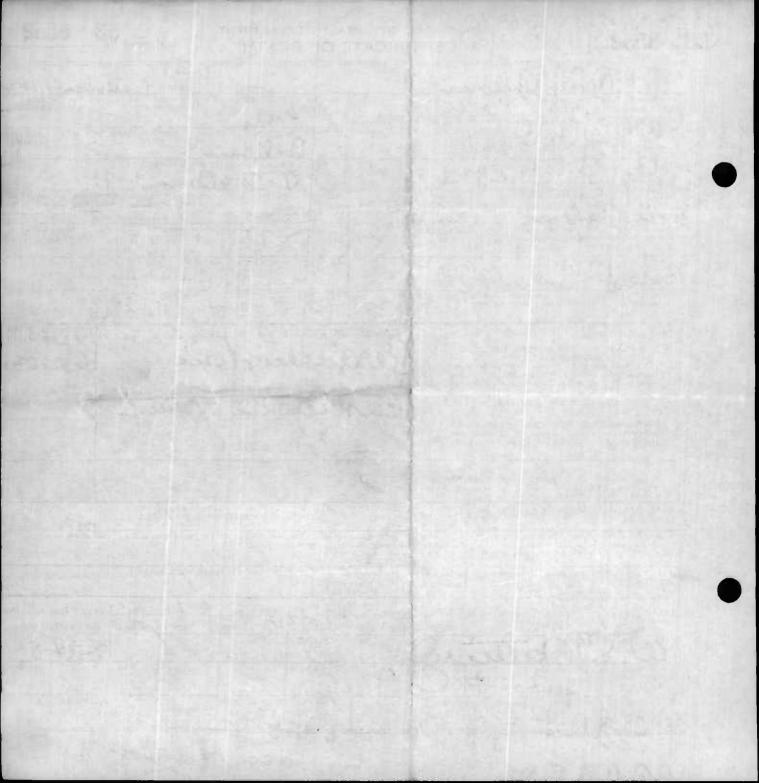
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5	3	8552			CERTIFICATE OF DEATH			Registered i	10	0002
	BI	RTH NO.		CERTIFICATE OF DEATH						
		NAME OF DE		emun				2. DATE OF	- 0	71 1000
	3.	PLACE OF DE		2 min	0 -		DENCE (Who	DEATH of lere deceased lived. If		
	-	Baltimore Ci	ty, Maryland ()	o lea	give street address or	A. STATE		B. COUNTY	ь	efore admission)
	HC	SPITAL OR			location)		N , (If or	itside corporate limit	ts, writed	
	173		INS HOPKINS H	OSPITAL		120	amore	1-6		township)
8101	7			eyes	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
7	Marie Anagem		ay in Baltimore	7. SINGLE. M	Days	8. DATE OF BIRT	mct	9. AGE (Indears	H Under 1 Yes	ar H Under 24 Hours
alle	2	he la	C. D I	WIDOWED	DIVORCED (Specify)		00	last birthday) Me		
2	10	A. USUAL OCC	UPATION (Give kind of	IOB. KIND OF	BUSINESS OR	1 V. BUPTHPLACE	(State or fore			FIZEN OF
oreal contract	work	done during most of	working life, even if retired)		INDUSTRY	Darol	ine	Co 1/a.	WH	HAT COUNTRY?
113	13	FATHER'S N	AME O			14. MOTHER'S M	AIDEN NAN	NE I		
nea		Tobert	- Colm	ana	- 313 - 1	ann	سو	401	-)	
TO	1'5 (Ye	s, no or unknown)	EVER IN U. S. ARMED (If yea, give war or dates or	ORCES? 1	SECURITY NO.	17 NEORMANT	HODIGI IA	1150 44	DDRES	5
מממ	-					Herry	SAFERINE.	HO: PO OF OF OF	us	
2		18. 163	Κ 1		CAUSE	OF DEATH &	18 N	n. C. Don	المالية	AND DEATH
217			OR CONDITION D		ON	3000000	calco	4 34	1	04.05
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	AT		NG CONDITION LAST		(C)					
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SIC	RTI		IIFICANT CONDITIONS CONDEATH BUT NOT RE							
LIN	CE	DISEASE OF	CONDITION CAUSING	т.					1 00	111707043
	Ļ	19a. DATE OF		S PERFORM	N FOR WHICH O	PERATION		ON WAS RELATED 1 OEATH, ENTER PART II		NO D
important	DICA	21A. ACCIDE	NT WAS UNDERLYIN	G 218. PI	ACE OF INJURY	(e. g., in or 21C. WHE	ERE DID (I			
DOT	[1]		FY MEDICAL EXAMINER		e, farm, factory, street, office	Diag.,ew.) INJURY	OCCORT			A PART
	Σ		fonth) (Day) (Year) (1	Iour) 21E	INJURY OCCURR		N DID INJU	RY OCCUR?		
11.5		OF INJURY	~ ~		NORK NOT WHI					
ecla		22. I hereby	certify that I atte	nded the de	ceased from	9-20 195		1-21 , 195	3, that	I last saw the
esp		deceased ali	ve on 9-21.	19_53, an	d that death occu	rred at 725Pn	n., from the	causes and on t	he date	stated above.
23		23 SIGNAT	JRE /	0.	0	238. ADDRESS	TODVINE	HOSDITAL	23c.	DATE SIGNED
300	2	4A. BURIAL C	REMA- 248. DATE	240	M. D.	ERY OR CREMATOR	HOPKINS	HOSPITAL CATION (City, town	, or coun	ty) (State)
	TI	4A. BURIAL, C ON, REMOVAL (SI	Sol 4	3/4/15	A C	0	-	130 0 0 00		
correct		ATE RECEIVED		SIGNATURE	The Ca	25. FONERAL DI	RECTOR	^'	ADDR	ESS
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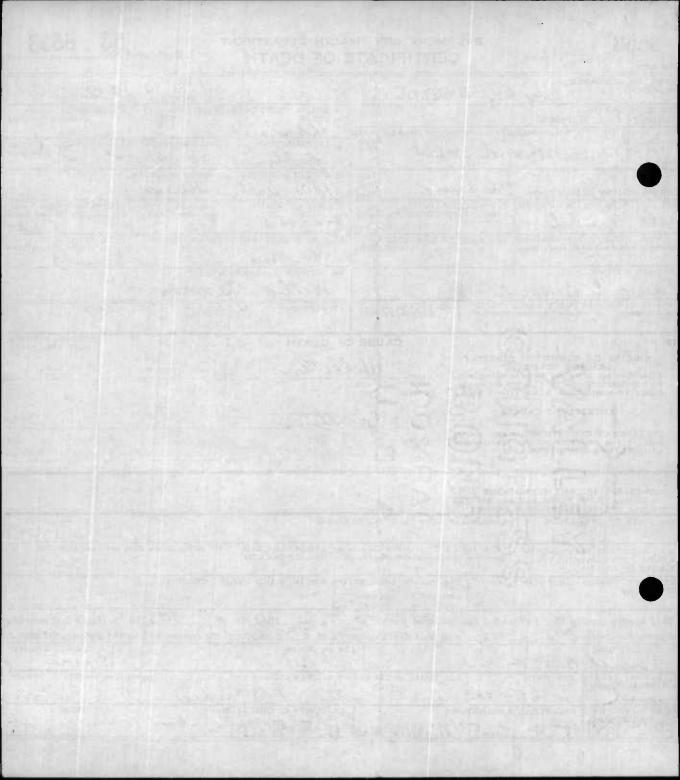
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RTH NO. 53-23203
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

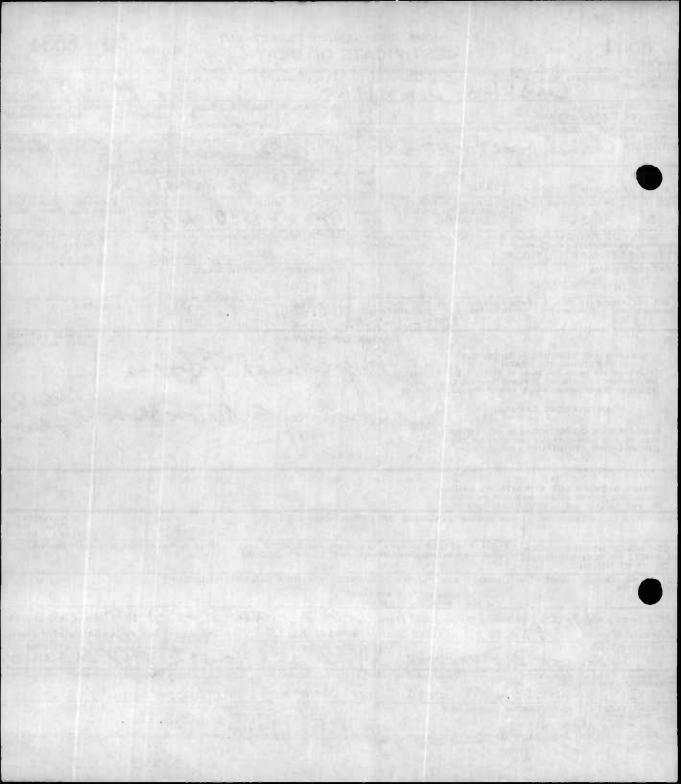
Registered No 8553

2. DATE OF DEATH 9-23-53

ACE OF DEATH: altimore City, Maryland LL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
PITAL OR Union Memorial Hopitel location)	
ength of stay in Baltimore 6 kours Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1801 Wickes Avenue
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	7-23-33 5 20
USUAL OCCUPATION (Give kind of needuring most of working life, even if retired) INDUSTRY	Maryland USA
Edward BUDELLS	14. MOTHER'S MAIDEN NAME Nellie Gannon
VAS DECEASED EVER IN U. S. ARMED FORCES? o or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT O ADDRESS
DISEASE OF CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	maliny
9A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. YING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., cause of Death	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK	
2. I hereby certify that I attended the deceased from 6 leceased alive on 6, 1955, and that death occur	rred at 8 m., from the causes and on the date stated above.
Donald B. Brown M.D.	23c. DATE SIGNED 9-13-53
BURIAL, CREMA- REMOVAL (Specify) 9-25-1953 E RECEIVED BY REGISTRAR'S SIGNATURE AL REGISTRAR	tional Frederick are Catorine 25 FUNERAL DIRECTOR ADDRESS To Karhoneless 703 mereny Sh
VS 150	



BALTIMORE CITY HEALTH DEPARTMENT 8554 Registered CERTIFICATE OF DEATH THE SECTION OF THE PROPERTY OF NAME OF DECEASED 2. DATE pe or Print) OF DIMMIINA DEATH PLACE OF DEATH: Baltimore City Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or FULL NAME OF SPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give STITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. Lengen of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED 9 AGE (In years M Under I Year M Under 24 Hours Min. WIDOWED DIVORCED (Specify) ale White A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 1 . BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? olesale Meat Dealler FATHER'S NAME 14. MOTHER'S MAIDEN NAME harles Dimmling Margaret WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL Mrs. Gewige W. Bahlke (Daughter) SECURITY NO no CAUSE OF DEATH INTERVAL BETWEEN 420.1 ONSET AND DEATH rosclarous 5 years DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C). OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES P 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 19 3 to . 19 that I last saw the deceased alive on 22, 19 23, and that death occurred at Am., from the causes and on the date stated above. 23A. SIGNATURE BURIAL, CREMA-24B. DATE 24D. LOCATION (City, town, or county) 24C, NAME OF CEMETERY OR CREMATORY N. REMOVAL (Specify) urial Druid Ridge Cemetery Baltimore County Md. TE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS CAL REGISTRAR HENRY SANDER & SONS. INC. ACAPTA VS 150

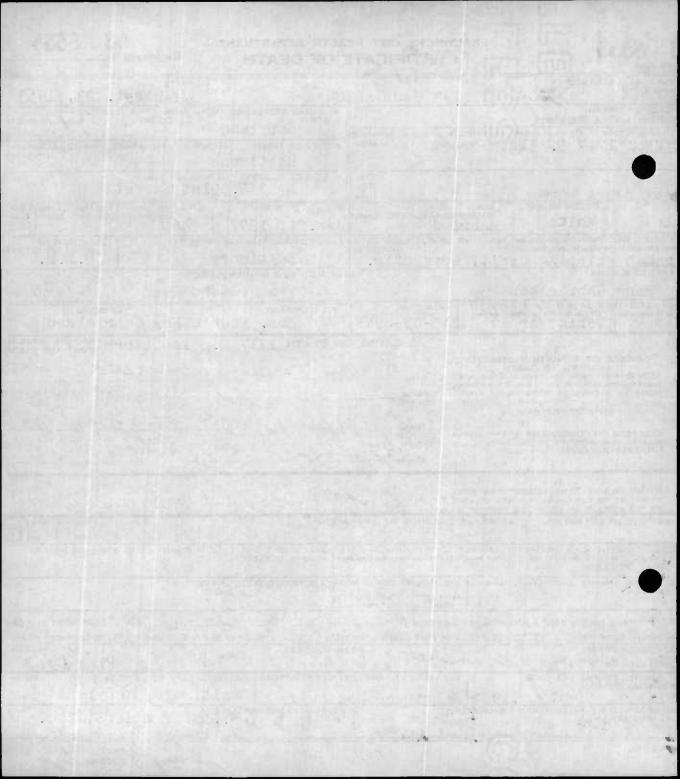


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53 8555
Registered No.

2. DATE

pe or Print) OF DEATH Sept. 23, 1953 JOHN WILLIAM GABRIELSON PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or ULL NAME OF SPITAL OR 1717 E. 31st Street location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Yrs. o. STREET ADDRESS (lf rural, give location) life Mos 1717 E. 31st Street Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under I Year last birthday) Months: Days Hours; Min. Married Jan. 21, 1897 . USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF lone during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY Baltimore reman shipping dep't mf tr. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hans Gabrielson Eva Nelson WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT no or unknown) (If yes, give war or dates of service) 5-03-0969 World War Minnie May Gabrielson Mrs. es 18.411 CAUSE OF DEATH 1717 31st Street INTERVAL BETWEEN E. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH stonery insufficiency (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED yocordial in TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH 1E (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK . to_9 22. I hereby certify that I attended the deceased from 7 19 that I last saw the 195 3 and that death occurred at 10 m., from the eauses and on the date stated above. deceased alive on Call 23A SIGNATURE 23C DATE SIGNED 23B. ADDRESS REMOVAL (Specify) Baltimore, Maryland Sept 26,19 Baltimore National 25. FUNERAL DIRECTOR BANDER & SONS, INC. TE RECEIVED BY | REGISTRAR'S SIGNATURE VS 150



VS 150

before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

YES

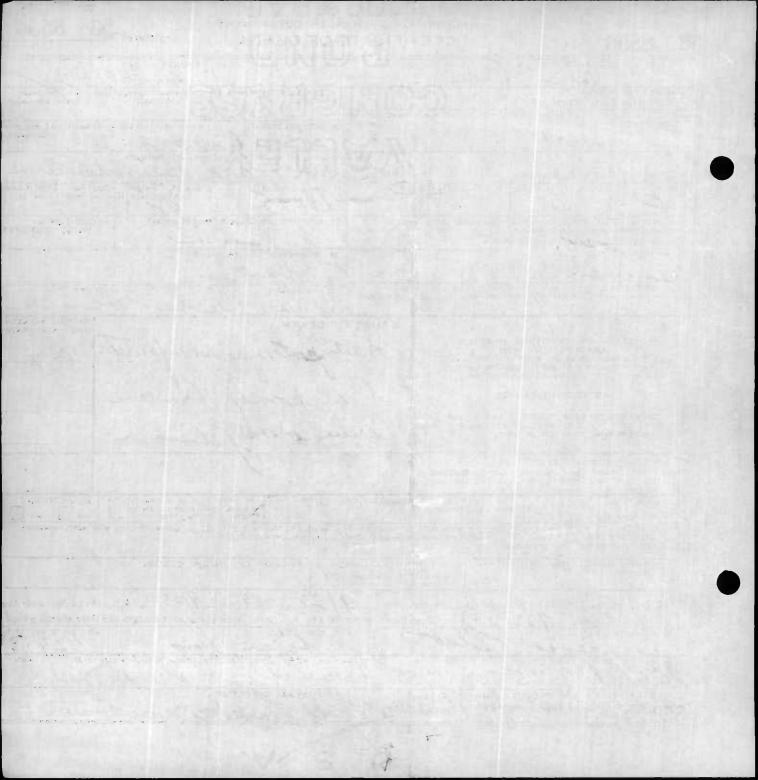
195 that I last saw the

ADDRESS

23c. DATE SIGNED

State)

(ownship)



12. CITIZEN OF WHAT COUNTRY? ADDRESS B. C. H. 4940 Eastern Ave. (record INTERVAL BETWEEN ONSET AND DEATH CERTIFICATION APPROVED BY IF OPERATION WAS RELATED TO 20. AUTOPSYT CAUSE OF DEATH, ENTER IN 21C. WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 153, that I last saw the 19 53 and that death occurred at 10:10Pm., from the causes and on the date stated above. 9-23-53 240. LOCATION (City, town, or county) (State) FUNERAL DIRECTOR RECEIVED BY ADDRESS VS 150 N 820.0

before admission)

township)

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Registered No. NAME OF DECEASED 2. DATE JULIA JASKULSKI Sept. 23, 1953 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A STATE

B. COUNTY

Perfore admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or location c, CITY OR TOWN (If outside corporate limits, write RURAL and give Johns Hopkins Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 14 S. Washington Street Days AGE (In years | H Under I Year | H Under 24 Hours last birthday) | Months Days Hours Min. 6. COLOR OR RACE 9. AGE (In years) I If Under 24 Hours 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) White 6/14/1897 Married 10A. USUAL OCCUPATION (Givekind of I 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Kowalski Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Edward Jaskulski-304 S. Collington Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Recent trephine opening following (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, decompression fracture of left injury or complication which caused death.) temporo-parietal skull ANTECEDENT CAUSES (B) Contusion, laceration and infection of DISEASES OR CONDITIONS, IF ANY, GIVING Durno left tempore-parietal region of brain RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES A 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) THURY OCCUR? UNDERLYING K OR CONTRIB-UTING E GAUSE OF DEATH. of INJURY 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED Struck on head by husband ugust autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23B, CHIEF MEDICAL EXAMINER ... 23c. DATE SIGNED M.D. MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248. DAT

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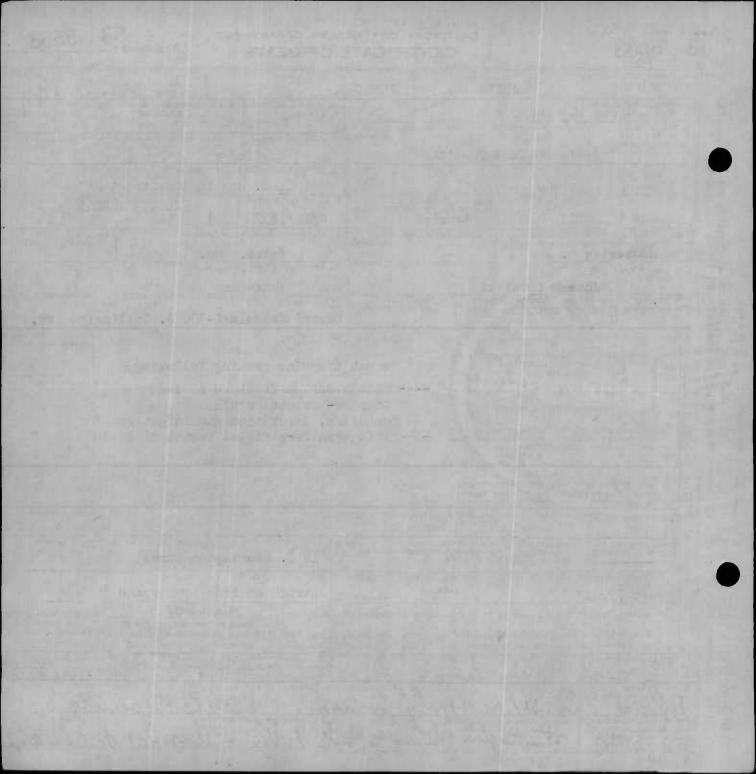
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ADDRESS

1. NAME OF DECEASED (Type or Print) 2. DATE OF Sept. 24, 1953 JOSEPH WILBURN 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence before admission) A. Baltimore City, Maryland A. STATE B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate, limits, write il UPAL and give C. CITY OR TOWN INSTITUTION University Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stav in Baltimore 702 W. Lexington Street Days 7. SINGLY, MARRIED WIDOWED, DIVOR 5. SEX 6. COLOR OR RACE 9. AGE (In years | | Under | Year | If Under 24 Hours | Inches | I If Under 24 Hours information should be of death clearly and l Male White 10A. USUAL OCCUPATION (Give kind of work done during glost of working life, even if retired) 108. KIND OF BUSINESS OR 12. CITIZEN OF 11. BIRTHPLACE (State or for ign country) INDUSTRY WHAT COUNTRY 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO 18. 4.22.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 4 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) UTING [] CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [accident], suicide]. homicide], undetermined]. 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED 234 SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR Sept. M.D. 24D. LOCATION (City, town, or county) REMOVA (Specify) 24B. DA7 24C. NAME OF CEMETERY OR CREMATORY 0

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PLEASE WRITE PLAIN

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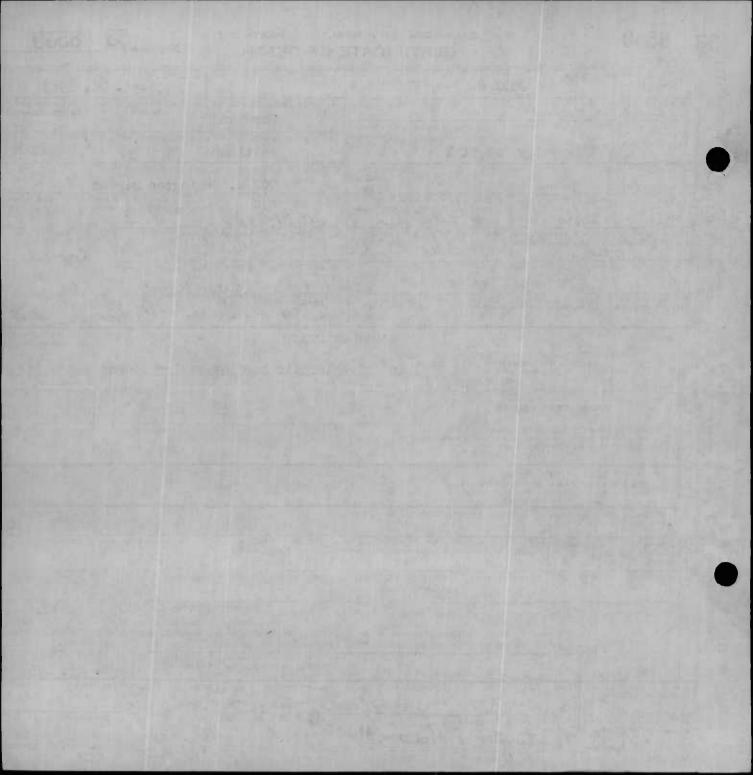
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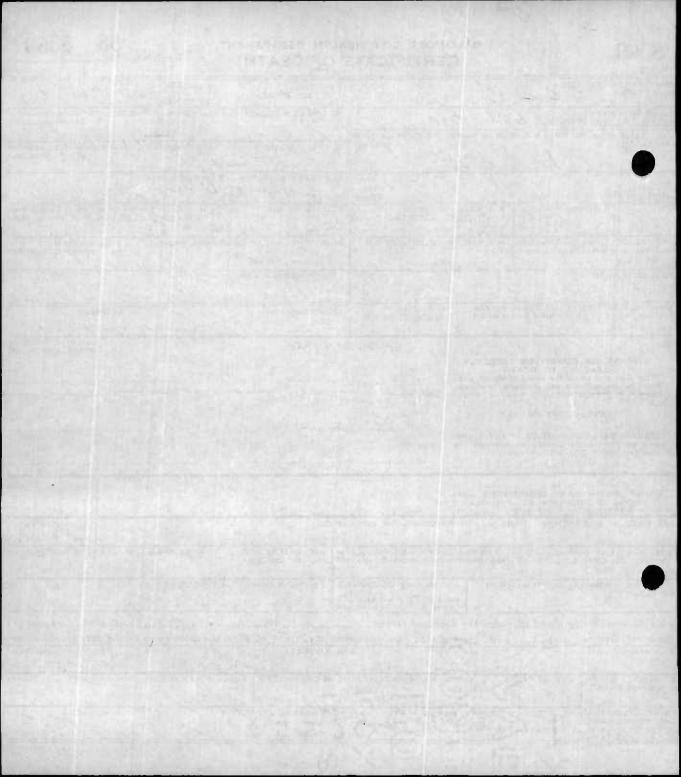
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8560

Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE oe or Print) OF 6 love to DEATH LACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or ULL NAME OF SPITAL OR (If outside corporate linits, write RURAL and give TITU township) umo Yrs. D. STREET ADDRESS Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years) If Under 1 Year 7. SINGLE, MARRIED last birthday), Months: Days Hours; Min. WIDOWED, DIVORCED (Specify) ndon USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF enoduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? ouseurs FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? ao or puknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO N (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK AT WORK , 1910, to Sa , 1951, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on ____, 19.53, and that death occurred at 1:45 Cm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED A. BURIAL CREMA-N. REMOVAL Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248. DAT Mira TE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE CAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

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NAME OF DECEASED
pe or Print)

PLACE OF DEATH:

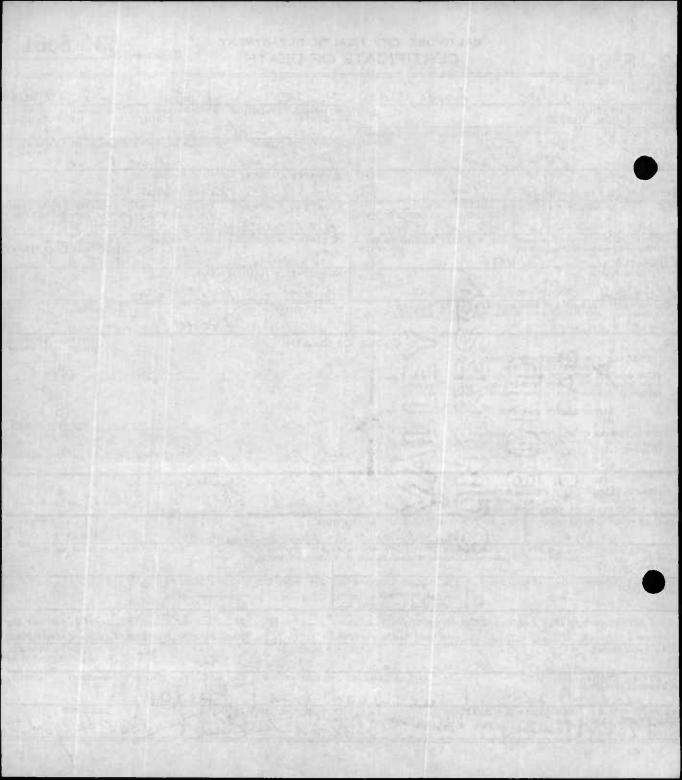
PLACE OF DEATH:

Saltimore City, Maryland

A. USUAL RESIDENCE (Where deceased a. STATE B. COL

Registered No. 8561

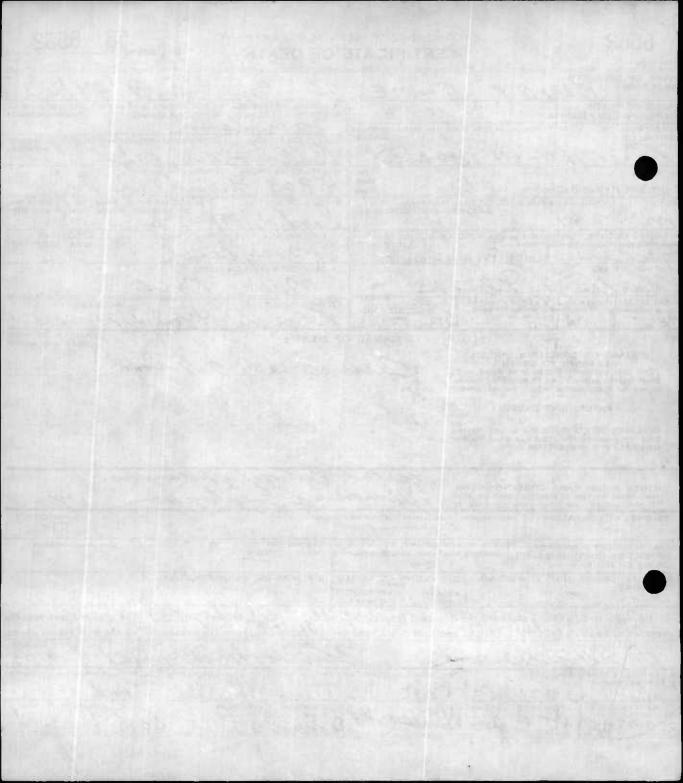
NAME OF DECEASED	/ 1 2. DATE
pe or Print) Charles Reid Ham.	11ton DEATH 9-24-1953
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
ULL NAME OF (If not in hospital or institution, give street address or	maryland
SPITAL OR Iocation	C. CITY OF TOWN (If outside corporate limits write BURAL and give
may Hospilat	Baltimore 14 L 1 JOWNShip)
Yrs.	D. STREET ADDRESS (If rural, give peation)
length of stay in Baltimore Days	1957 E. Belnedere Aue.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED Specify)	8. DATE OF BIRTH 9. AGE (in years If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min.
nate white married	6-1-1884 69
. USUAL OCCUPATION (Give kind of lone during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Alesman - CANVAS.	Maryland U.S.A.
FATTER'S NAME	14. MOTHER S MADEN NAME
Marky Homellon	Emily Illooless
WAS DECEASED EVER N U. S. ARMED FORCES? 16. SOCIAL no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
unprous -	muse-IRENEM Jame
18. 446 x and 260 x CAUSE (OF DEATH INTERVAL BETWEEN
DISÉASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A)	Vania 3day
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
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UNDERLYING CONDITION LAST. (C) Sone	alizad Underosclarosez unknowen
() · Pota	man VIII. 21 ambani
OTHER SIGNIFICANT CONDITIONS CON-	Meteria - Appenersion -
TRIBUTING TO THE DEATH, BUT NOT RELATED Congestive HE	and failure - BPH - CVA. Unknown
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OFER	ATION 20. AUTOPSY?
9-16-33 Kenign Prostal	is Hyperloophy YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e	a or 21c WHERE DID (III) in Baltimore City, give exact location)
ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?
OF JURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 9-	2/ , 1953 to 9-24 , 1953 that I last saw the
I her oug certify that I attended the accessed from	red at 6 125 Pm., from the eauses and on the date stated above.
	38. ADDRESS A 23c. DATE SIGNED
Corplette Quenn .M. D.	mercy Hospilal 9-24-53
	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Juneal 9-28-53 Farkwood	od Com Ballon Md
TE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL PIRECTOR
SEP 2510 Tuntinglow Walland	Leman Kuck 5305 Harford Ko
VS 150	
11,	



RTH NO

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE pe or Print) OF JAMES CLUNK DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence PLACE OF DEATH: Baltimore City, Maryland A. STATE BACOUNTY before admission) (If not in hospital or institution, give street address or ULL NAME OF SPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and gir Yrs. D. STREET ADDRESS (If rural, give location Mos. Length of stay in Baltimore Days 9. AGE (in years If Under 1 Year If Under 24 Hours 6. COLOR OR RACE 7. SINGLE, MARRIED. OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. . USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR THE 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY nechanne JUPT Provina Grouns FATHER'S NAME MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) | (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 26. AUTOF 19A. DATE OF OPERATION YES 21c. WHERE DID 218. PLACE OF INJURY (e. g., In or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH -ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY NOT WHILE WORK AT WORK 1913 to servery, 1953 that I last saw the 22. I hereby certify that Lattended the deceased from Quy. 19 53 and that death occurred at//. deceased alive on Sent24 457m., from the causes and on the date stated above. 23c. DATE SIGNED 23A./SIGNATURE LOCATION (City, town, or county) BURIAL, CREMA-24B. DATE 24C NAME OF CEMETERY OR CREMATORY 249. ADDRESS TE RECEIVED BY CAL REGISTRAR VS 150



-215

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 8563

NAME OF DECEASED 2. DATE pe or Print) OF DEATH Sent. Goldie L PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) Baltimore City, Maryland Marvland ULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give TITUTION township) Union Memorial Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 30 years 3607 Parkside Drive ength of stay in Baltimore Davs last birthday) Months Days Hours Min. 6. COLOR OR RACE 9. AGE (In years) SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) March 4, 1904 Married 11. BIRTHPLACE (State or foreign country) USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF lone during most of working life, even if retired)
HOUSE WITE WHAT COUNTRY? INDUSTRY home Cumberland, Md. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Chilcott Minnie Cecil WAS DECEASED EVER IN U.S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mike Despines 3607 Parkside Drive none INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION YES 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? E OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT AT WORK WORK 530 1950 ture 30 19 that I last saw the 22. I hereby certify that I attended the deceased from 153 and that death occurred at_ deceased gaive on the. 31 R.m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 0-24-53 24C. NAME OF CEMETERY OR CREMATORY A. BURIAL, CREMA-N. REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) Greek Orothox Cemetery Baltimore TE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS CAL REGISTRAR Roval Ave. VS 150

Dr. Samuel Wolf 1331 E. North Ave.

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leased	by Medical	Examiner	LTIMORE CITY HE		14701100	E9 0004
RH NO. 556	34	BA	CERTIFICATI	E OF DEAT	H Regi	stered No. 8554
NAME OF D	ECEASED				2. DATE	
pe or Print)	Feehle	v. Walte	r		OF DEATH	eptember 24, 1953
Baltimore C	EATH: City, Maryland			4. USUAL RESIDE	ENCE (Where decease	d lived. If institution: residence UNTY before admission)
ULL NAME		pital or institu	tion, give street address or	Mar	vland	
NAV VOM			location)	C. CITY OR TOWN	(If outside corpo	rate limits, write RURAL and give township)
	St. Jo	seph's		Ball	timore	to the
	D 111		Yrs. Mos.		O Valley St.	
Length of S	tay in Baltimore		Days E. MARRIED.		ston & Valle	Years of Under I Year If Under 24 Hours
, ,	U. COLOR OR RAC		VED, DIVORCED (Specify)	DATE OF BIRTH		hday) Months Days Hours Min.
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one during most o	f working life, even if retir	ed)	INDUSTRY	7 21102 (out of total and total and the	WHAT COUNTRY?
FATHER'S N	IAME			14. MOTHER'S MA	nnesota	
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WAS DECEASE	D EVER IN U. S. ARI	MED FORCES?	I 16. SOCIAL	man	Leavons	
nd or naknown)	ED EVER IN U.S. ARI	ates of service)	SECURITY NO.	17. INFORMANT	Sesters of	the four
18. 447	X and E	900.7	CAUSE	OF DEATH		INTERVAL DETWEEN
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			(C)	***************************************		CALLIN ST.
OTHER C	II IGNIFICANT CON	IDITIONS SO	Laceration.	rt. orbital	region; Com	minute
TRIBUTING	TO THE DEATH, BI	JT NOT RELAT	ED fmag many	end of rt.	tibia: Frac	. rt. fibula, lt.
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	ENT WAS UNDER		ACE OF INJURY (e. g., i. farm, factory, street, office.bldg.,	n or 21c. WHERE D		ore City, give exact location)
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OF INJURY	(Month) (Day) (Ye	ear) (Hour)	21E. INJURY OCCURR		INJURY OCCUPT	
	17.195.3	m.	WHILE AT NOT WHILE AT WORK	Fall down	the stairs	
						210, 53hat I last saw the
						and on the date stated above.
23A. SIGNA	TITOE	E. Layer	1 2	38. ADDRESS		23c. DATE SIGNED
			M. D.]	400 N. Carol	ine Street	Sept. 24, 153
A. BURIAL, (S N, REMOVAL (S		E	24c. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (C	(State)
urial	Sept	.26/53		ral	1 Salle	more
TE RECEIVE CAL REGIST		IR'S SIGNAT	LALLAND M	25. FUNERAL DIR	ECTOR	ADDRESS
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NAME OF DECEASED e or Print) MILTON H. MARTIN

LACE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

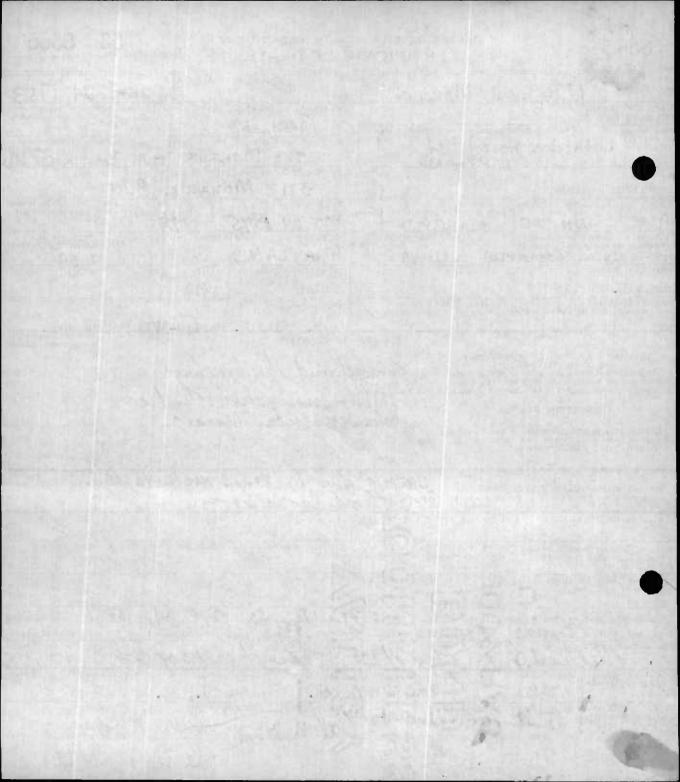
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2. DATE

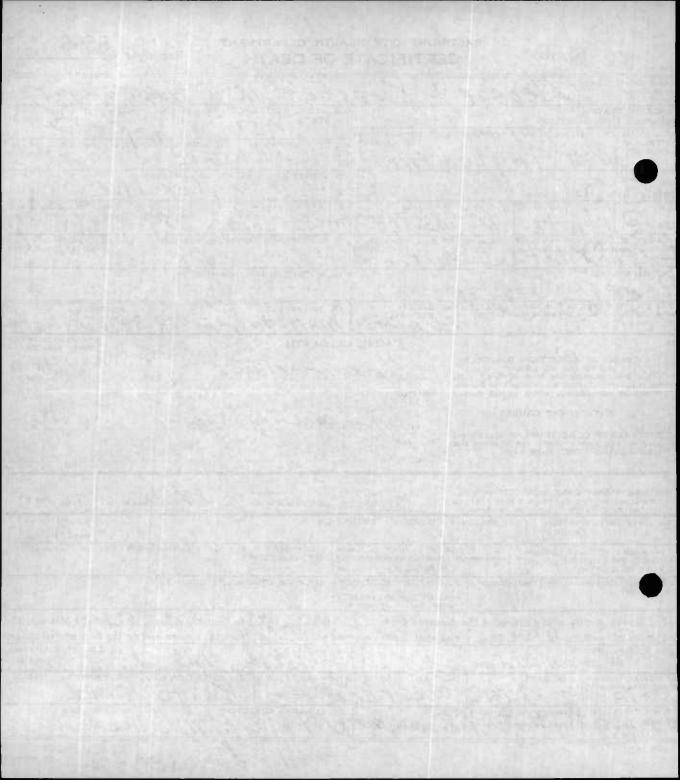
DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence

Baltimore City, Maryland before admission) B. COUN (If not in hospital or institution, give street address or ULL NAME OF SPITAL OR C. CITY OR TOWN (If outside corpora e limite write RURAL and give Lutheran TITUTION township) MOHAWK. Yrs. D. STREET ADDRESS (If rural, give location) Mas 3713 MOHAWK ength of stay in Baltimore Davs 6. COLOR OR RACE If Under 24 Hours 7. SINGLE, MARRIED If Under 1 Year last birthday) Months Days Hours : Min. WIDOWED, DIVORCED (Specify) OCT 29 1875 77

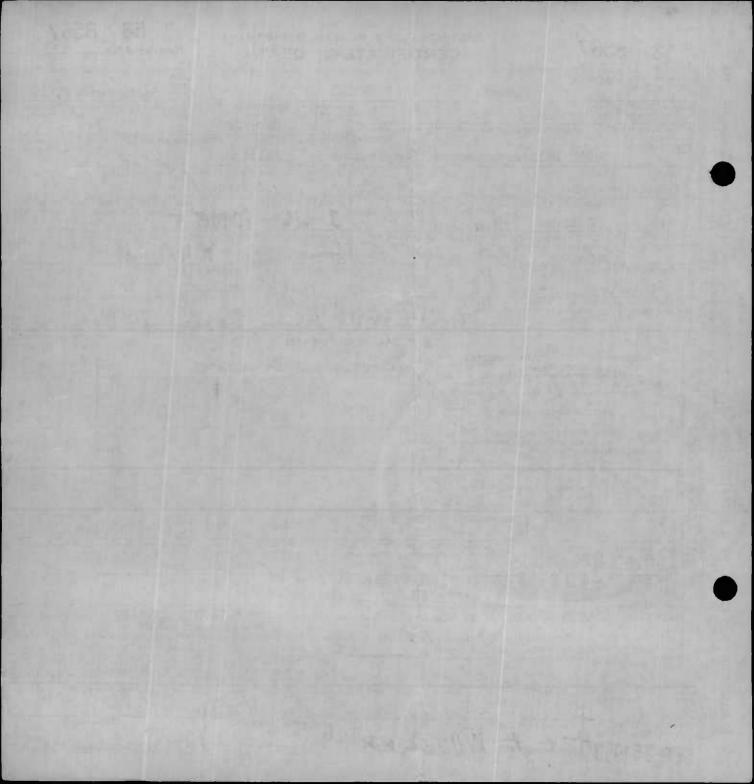
11. BIRTHPLACE (State or foreign country) WHITE MARRIED USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF one during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MARYLAND erk-Revision Burear(rtd) Railroad U.SA FATHER'S NAME 14 MOTHER'S MAIDEN NAME homas E. Martin Helen WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS oo or uokoowo) SECURITY NO. Mrs. Anita M. Martin-3713 Mohawk Ave INTERVAL BETWEEN 443x and CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., . Subarachnoid Hemmorrhage heart failure, asthenia, etc. It means the disease, Hypertensive arteriosclerofic injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) UREMIA due to Renal metastasis OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING□ OR CONTRIBUTING□ CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE WHILE AT[WORK 22. I hereby certify that I attended the deceased from SFPT. 17, 1953, to Sept. 24, 1953, that I last saw the deceased alive on Sept. 23, 1953, and that death occurred at 145, m., from the causes and on the date stated above. A. BURIAL, CREMA-N. REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY! 24b. LOCATION (City, town, or county) 248 DATE 9/26/53 irial Loudon Park Cem. Balto., Md. MAN FUNERAL DIRECTOR TE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE VS 150



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TH NO. 53 8566 BALTIMORE CITY HE CERTIFICATI		8566
AME OF DECEASED SEORGE Y. KUE.	STER SR 2. DATE OF EPT-	4,1953
LACE OF DEATH: altimore City, Maryland JLL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY	stitution: residence by followimission)
PITAL OR PITUTION 34 YS TAYLOR AVE	c. CITY OR TOWN (If outside corporate Imits,	write RURAL and give township)
Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location)	6
ALE WhitE TINGLE, MARRIED. WIDDWED DIVORCED (Specify)		nder 1 Year If Under 24 Hours ths Days Hours Min.
usual occupation (on kind of los kind of Business or Industry Arch man letter Uis Filling of	11. BATHPLACE (State or foreign country) 10A L+1 M OPE	2. CITIZEN OF WHAT COUNTRY?
ENRY KUESTER	14. MOTHER'S MAIDEN NAME	
WAS DECEASED EVER IN 0, S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service)	MATILYA KHESTER 34X	STAYLORAE
8. 163 X CAUSE	OF DEATH	INTERVAL BETWEEN
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	unomalour	3 mths?
ANTECEDENT CAUSES	nama of hune -	1 with ?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	o selvotu c V divan	10 yn
9a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.,		ve exact location)
ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE		
m. WORK AT WORK		that I last saw the
deceased alive on 9/24, 1953, and that death occur	rred at 11 m., from the causes and on the 238. ADDRESS Larly Charles St.	23c. DATE SIGNED
BURIAL, CREMA- 24B. DATE 24d NAME OF CEMETE REMOVAL (Specify) 9-18-1913 WESTER	EM SALTO	or county) (State)
AL REGISTRAR	LOFF ON 19. M. Wal	ADDRESS
VS 150	FRAHY STRICKERS	75



	HEALTH DEPARTMENT 53 8567 TE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) EDWARD STEVE	NSON 2. DATE OF OF DEATH September 22, 1953
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR locatio	
South Baltimore General Hospita	Baltimore LO township
c. Length of stay in Baltimore Mos	910 Peach Alley
Male Colored Widowed, Divorced (Specimon Manual Colored Colored Manual Colored Ma	J-24 - State or foreign country) 12. CITIZEN OF
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Stevenson 910 Behalle
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	inoma of the pancreas
U L OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	ERATION 20. AUTOPSY? YES NO
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bld	
Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP OF INJURY NOT WHILE AT NOT WHI AT WORK AT WORK	LE TOTAL CONTRACTOR OF THE PROPERTY OF THE PRO
22. I certify that I took charge of the remains described the evidence obtained by said Autopsy. Inspection or	l above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry Inquiry Inquiry, find that said deceased died on the day stated aboves A, accident , suicide , homicide . undetermined .
23A. SIGNATURE 24A. BURIAL, CREMA-1 24B. SATE K24C. NAME OF CEME	ASSISTANT MEDICAL EXAMINER 23c. DATE SIGNED Sept. 23, 1952
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Salle Mel
SEP 25 1953 untington Williams	Dog.



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ANNIE

KRAMER

NAME OF DECEASED ppe or Print)

RTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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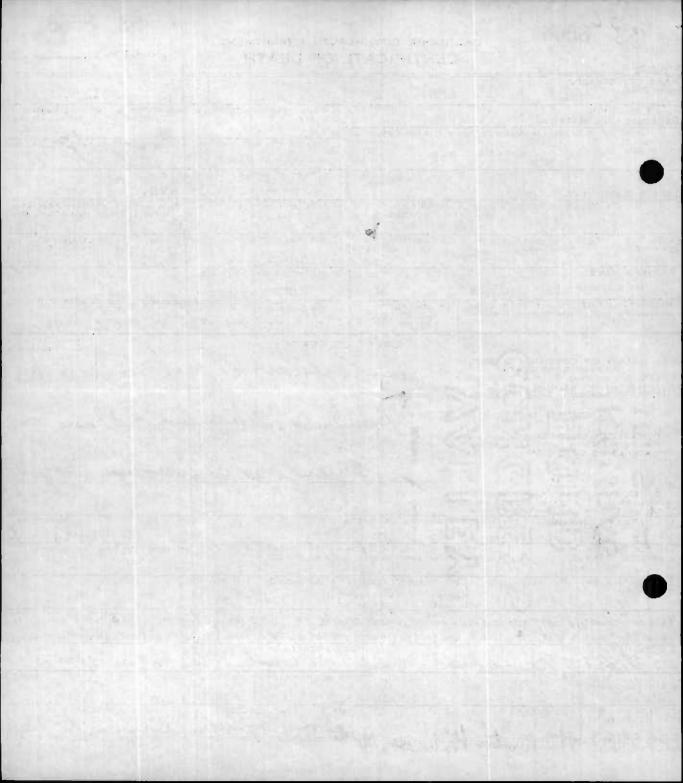
Sept.23,1953

Registered No.

2. DATE OF

DEATH

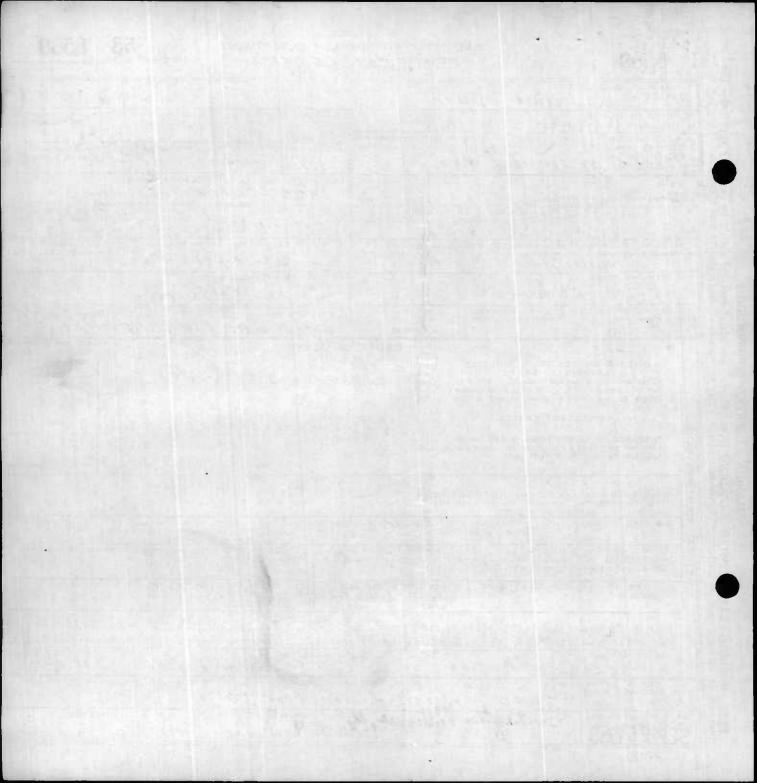
	ity, Maryland	al or institut	on, give street address or location)	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Md.
STITUTION	2330 Anna:	polis		c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township)
	. D. W.		Yrs. Mos.	o. street address (If rural, give location) 2330 Annapolis Ave.
Length of St	tay in Baltimore		Days	
F	6.COLOR OR RACE	Widow	E. MARRIED. ED, DIVORCED (Specify) OW	3-3-1865 9. AGE (In years last birthday) Months Days Hours Min.
a. USUAL OCC done during most o HOUSEKE	CUPATION (Give kind of f working life, even if retired) EPET	10в. КІМЕ Но п	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Wash. D.C. 12. CITIZEN OF WHAT COUNTRY?
. FATHER'S N	IAME			14. MOTHER'S MAIDEN NAME
	hristian M		h	Annie
. WAS DECEASE , no or nnknown)	D EVER IN U.S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. No ne	17. INFORMANT ADDRESS Lloyd Kramer 2328 Annapolis Ave.
(This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE D	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of the complication of the complication of the death, but is complication in the complication is complication.	FH of dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING I	(B) Hyper	turing + Arteriorelevotic Heat Diese 20 grs enerslized afteriorelevotic 20 grs
	0			YES NO K
HOMICIDE	NT. SUICIDE. (Specify)		CE OF INJURY (e. g., in arm,factory,street,office bldg.,e	
2 ME (URY	Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
deceased al	TURE CREMA-1 24B. DATE	, 1953, sher	and that death occur	red at 6:39m., from the causes and on the date stated above. 3B. ADDRESS 2436 Washington Blod-30 9/25/53 RY OR CREMATORY 240 LOCATION (City, town, or county) (State)
on REMOVAL (S Burial ATE RECEIVE	9-26-	//	Loudon Pa	ark Cem Baltimore Md.
DCAL REGIST		D. C.	and the same	Drong Antaly Cata Il Just
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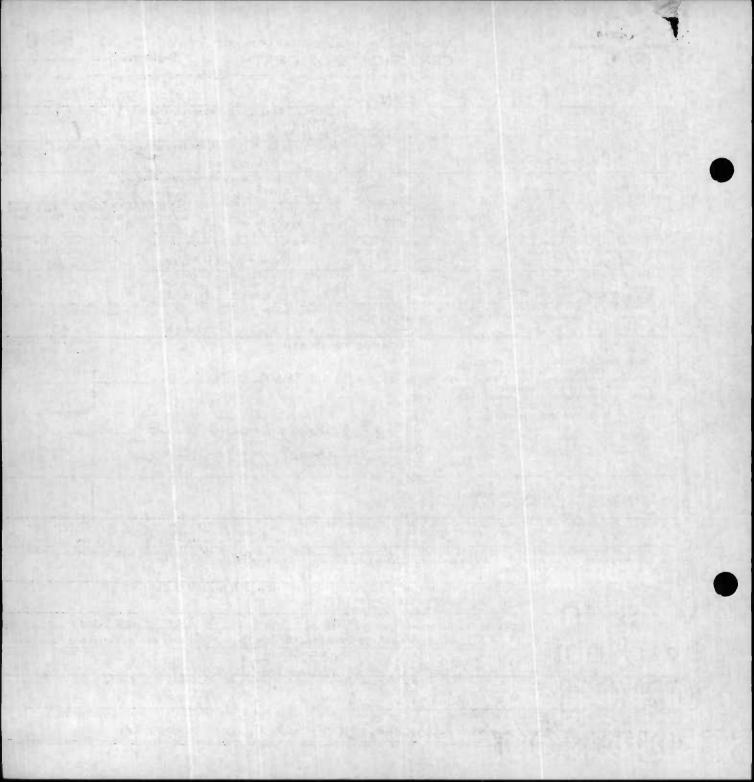
Registered No. 8569

BI	RTH NO.					
1. (T	NAME OF DECEASED, ype or Print) Katherine Durr		2. DATE OF DEATH SEPT. 24-53			
Α.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	,			
H	FULL NAME OF (If not in hospital or institution, give street address or openitation) STITUTION 1322 N. Linwood AVA	C. CITY O	OR TOWN (If outside cornerate limit) write TURAL and give township)			
0-	Yrs. Mos,	o. STREE	T ADDRESS (If rural, give location)			
	Length of stay in Baltimore Days	13:	22 N. Linwood Are			
	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	oc	25-1864 9. AGE (In years of Under I Year North Days Hours Min.			
work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) Housewife		inchester Va 12. CITIZEN OF WHAT COUNTRY			
13	Peter Abshire		rah Keslinger			
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFO	RMANT Dutr. 2001 Hillenwood Rd			
RTIFICATION	Consider the Above Cause (A) Stating the Underlying Condition Last. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (A) Chapting Apphietrs OUE TO OUE TO					
11	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
AL C	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OF WAS PERFORMED	PERATION	IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN PART I OR PART II YES NO			
EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., ln or DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e.g., ln or DEATH (NOTIFY MEDICAL EXAMINER) 21C. WHERE DID (If in Baltimore City, give exact location) 1 INJURY OCCUR?					
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from June, 1940, to Left. 24, 1953, that I lass						
	Wellan Huney M.D.	7101	Harford Rd. 23c. DATE SIGNED 9/25/53			
	A. BURIAL, CREMA. 248 DATE (24C. NAME OF CEMETE)N, REMOVAL (Specify) 9/26/53 Nore/and	Mem.	MATORY 1240. LOCATION (City, town, or county) (State) Park 132120 G Md.			
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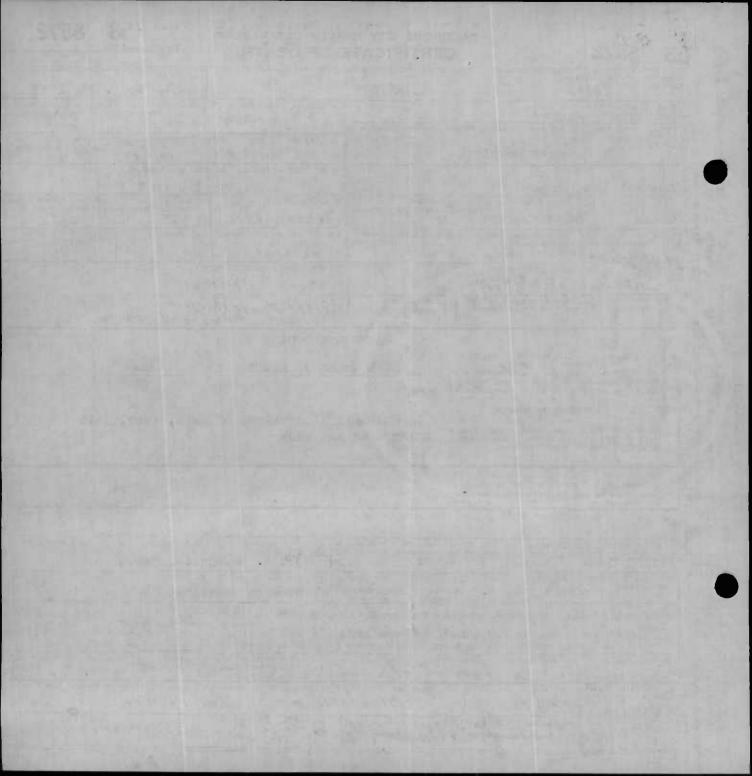
	53B	8570 BALTIMORE CITY HE CERTIFICAT			8570			
		NAME OF DECEASED Ruth F Stoner		2. DATE OF DEATH 9/2	5/53			
	A B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) location)	Mary la	DENCE (Where deceased lived, If inst a. COUNTY BAITO	before admission)			
Jry.		NSTITUTION University Hosp		VN (If outside corporate limits, w Luore RESS (If rural, give scation)	township)			
d legibry	1000	Length of stay in Baltimore Z SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.		Benton 4ts Ave	or 1 Year If Undar 24 Hours			
early and	10	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	7/25	98 last birthday) Month 55 Month	CITIZEN OF			
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of death	15	Edgar Sweal. 5. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL	Fak 17. INFORMANT	uie Goss	RESS			
	(1)	es, no or unknown) (If yos, give war or dutes of service) SECURITY NO.	Willia	u Stoner a	STOVE			
the causes		DISEASE OR CONDITION DIRECTLY	reinoma	2+0513.	ONSET AND DEATH			
write		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES						
Z O DISEASES OR CONDITIONS, IF ANY, GIVING (B) Papellary Cystades				of ovary.				
cians	TIFIC	(C)		D				
Physi	CER		•					
ant.	CAL	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OF WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II IERE DID (If in Baitimore City, giv	YES NO NO			
important.	MEDI	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	bldg.,etc.) INJURY	OCCUR?	e exact location)			
OF INJURY m. WHILE AT NOT WHILE AT WORK								
especi			rred dt 1:10 A	m., from the causes and on the				
age is	2	A RURIAL CREMA-1248 DATE 124C NAME OF CEMETE	238. ADDRESS	sity Horp.	23c. DATE SIGNED 9 25 53 county) (State)			
correct a	T	emoval (Specify) 9/25/53 Grandkien &	em.	Actouno Pa.				
cor		ATE RECEIVED BY OCAL REGISTRAR'S SIGNATURE WILLIAM MALES	25. FÜNERAL D	Ine. Bolto.	DDRESS			
		VS 150						



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MARGIN RESERVED FOR BINDING	UNFADING INK. Physicians: please v
	Y, WITH important.
	PLEASE WRITE PLA Y, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and

B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hespitals location by 40 Eastern Ave. C. Length of stay in Baltimore S. SEX G. COLOR OR RACE White C. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) White C. A. USUAL OCCUPATION (Give kind of work doped during most of work logic lift, even if retired) I. BIRTHPLACE (State or foreign country) Maryland C. CITY OR TOWN (If outside corporate fimits, white RUM) Baltimore D. STREET ADDRESS (If rural, give location) 3207 E. Fairmeurt Ave. #1 S. DATE OF BIRTH Feb. 11, 1886 Feb. 11, 1886 Fol. 11, 1886 II. BIRTHPLACE (State or foreign country) Maryland II. MOTHER'S MAIDEN NAME III. MOTHER'S MAIDEN NAME CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Retail of the state of th	sidence admission) L and give township) Under 24 Hours ours Min.
EIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Baltimore City Hespitals location) 4940 Eastern Ave. Yrs. Mos. Days C. Length of stay in Baltimore S. SEX G. COLOR OR RACE White 10A. USUAL RESIDENCE (Where deceased lived. If institution: R. A. STATE Maryland C. CITY OR TOWN (If outside corporate fimits, wite RUAL) Baltimore D. STREET ADDRESS (If rural, give location) 3207 E. Fairmount Ave. #1 S. SEX G. COLOR OR RACE Widoped uring most of worklog lit, even if retired) 10A. USUAL OCCUPATION (Give kinded) Single 10A. USUAL OCCUPATION (Give kinded) Single 10A. USUAL OCCUPATION (Give kinded) Single 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN Mary J. Mullun 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO. CAUSE OF DEATH (This does not mean the mode of dying, e.g., (A) Reveal of the stay in Saltimore CAUSE OF DEATH (This does not mean the mode of dying, e.g., (A) Reveal of the stay in Saltimore OF DEATH 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: R. A. STATE A. STATE A. STATE A. STATE A. STATE A. STATE A. USUAL RESIDENCE (Where deceased lived. If institution: R. A. STATE B. C. LITY OR TOWN (If outside corporate fimits, wite RUAL C. CITY OR TOWN (If outside corporate fimits, wite RUAL A. STATE A.	Sidence admission) L and give township) Under 24 Hours ours Min.
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3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals location) Language County Baltimore City Hospitals location Baltimore City Hospitals location Language County Baltimore Vrs. D. STREET ADDRESS (If rural, give location) Mos. Days D. STREET ADDRESS (If rural, give location) STREET ADDRESS (If rural, give location) Mos. Days D. STREET ADDRESS (If rural, give location) STREET ADDRESS (If rural, give location) Mos. Days D. STREET ADDRESS (If rural, give location) Mos. Days D. STREET ADDRESS (If rural, give location) Mos. Days D. STREET ADDRESS (If rural, give location) Mos. Days D. STREET ADDRESS (If rural, give location) Mos. Days D. STREET ADDRESS (If rural, give location) I. BIRTHPLACE (State or foreign country) Maryland 11. BIRTHPLACE (State or foreign country) Maryland 12. CITY OR TOWN (If outside corporate/limits, write/RURAL Mos. Days D. STREET ADDRESS (If rural, give location) I. BIRTHPLACE (State or foreign country) Maryland 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Permissions A. STATE A. USUAL RESIDENCE (Where deceased lived. If institution: r. A. STATE A. USUAL RESIDENCE (Where deceased lived. If institution: r. A. STATE A. USUAL RESIDENCE (Where deceased lived. If institution: r. A. STATE A. USUAL RESIDENCE (Where deceased lived. If institution: r. A. CITY OR TOWN (If outside corporate/limits, write/RURAL A. STATE A. USUAL RESIDENCE (Where deceased lived. If institution: r. A. CITY OR TOWN (If outside corporate/limits, write/RURAL A. STATE A. DATH DECEASED LIVE (If outside corporate/limits, write/RURAL A. STATE A. DATH DECEASED LIVE (If outside corporate/limits, write/RURAL A. STATE A. DATH DECEASED LIVE (If outside corporate/limits, write/RURAL A. DATH DECEASED LIVE (If outside corporate/limits, write/RURAL A. DATH DECEASED LIVE (If outside corporate/limits	Sidence admission) L and give township) Under 24 Hours ours Min.
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Baltimore City Hespitals location) 4940 Eastern Ave. C. Length of stay in Baltimore S. SEX G.COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify) White Single 10a. USUAL OCCUPATION (Give kind of work log life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT B. C. H. 4940 Eastern Ave. (Trecord INTERVALONSET AUGUST AVE.) 18. 290.0 CAUSE OF DEATH (This does not mean the mode of dying, e.g., (A) Permisions Anomaly (If yes, give war or the mode of dying, e.g., (A) Permisions Anomaly (If yes, give war or the mode of dying, e.g., (A) Permisions Anomaly (If yes, give war or the mode of dying, e.g., (A) Permisions Anomaly (If yes, give war or the mode of dying, e.g., (A) Permisions Anomaly (If yes, give war or the mode of dying, e.g., (A) Permisions Anomaly (If yes, give war or dates of derivation) A. STATE Maryland C. CITY OR TOWN (If outside corporate fimits, waterputh (If outside corporate fimits, waterputh (C. CITY OR TOWN (If outside corporate fimits, waterputh (If outside corporate fimits, waterputh (C. CITY OR TOWN (If outside corporate fimits, waterputh (C. CITY OR TOWN (If outside corporate fimits, waterputh (C. CITY OR TOWN (If outside corporate fimits, waterputh (C. CITY OR TOWN (If outside corporate fimits, waterputh (C. CITY OR TOWN (If outside corporate fimits, waterputh (C. CITY OR TOWN (If outside corporate fimits, waterputh (C. CITY OR TOWN (If outside corporate fimits, waterputh (C. CITY OR TOWN (If outside corporate fimits, waterputh (C. CITY OR TOWN (If outside corporate fimits, waterputh (C. CITY OR TOWN (If outside corporate fimits, waterputh (C. CITY OR TOWN (If outside corporate fimits, waterputh (C. CITY OR TOWN (If outside corporate fimits, waterputh (C. CITY OR TOWN (If outside corporate fimits, waterputh (C. CITY OR TOWN (If outside corporate fim	Admission) L and give township) Under 24 Hours ours Min.
Baltimore City Hespitals location C. CITY OR TOWN (If outside corporate fimits, write RIM.) 4940 Eastern Ave. Street Address (If rural, give location) 4940 Eastern Ave. Street Address (If rural, give location) 3207 E. Fairmourt Ave. #1 S. SEX 6. COLOR OR RACE Wilder Wil	Under 24 Hours ours Min.
C. Length of stay in Baltimore C. Length of stay in Baltimore S. SEX G. COLOR OR RACE Wilder I work done during most of working life, seen if retired) 10A. USUAL OCCUPATION (Give kind of working life, seen if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. 290.0 CAUSE OF DEATH ONSET A CAUSE OF DEATH (This does not mean the mode of dying, e. g., (A) Permiciates O. STREET ADDRESS (If rural, give location) 3207 E. Fairmount Ave. #1 9. AGE (in years finder year limet year last birthday) Months: Days Head of last birthday Head of last birthday Months: Days Head of last birthday Head of last bir	Under 24 Hours ours Min.
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS RELATED TO 20. AUT	7
WAS PERFORMED CAUSE OF DEATH. PART IO REAL IN YES U 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or) 21C. WHERE DID (If in Baltimore City, give exact to	cation)
OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	, , , , ,
21p. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from 7-30, 1953, to 9-22, 1953 that I last	
deceased alive on 9-22, 1953, and that death occurred at 8 Pm., from the causes and on the date star	ed above.
deceased alive on 9-22, 1953, and that death occurred at 8 Pm., from the causes and on the date star	ed above.
deceased alive on 9-22, 1953, and that death occurred at 8 P m., from the causes and on the date star 23A. SIGNATURE 23B. ADDRESS 4940 Eastern Ave. 24A. BURIAL, GREMA- 24B. DATE 24G. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)	ed above.
deceased alive on 9-22, 1953, and that death occurred at 8 P m., from the causes and on the date star 23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS 23C. DATE 23A. DATE 23B. ADDRESS 23C. DATE	ed above. SIGNED 953
deceased alive on 9-22, 1953, and that death occurred at 1 m., from the causes and on the date star 23A. SIGNATURE 23A. SIGNATURE 23B. ADDRESS 4940 Eastern Ave. 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 10N. REMOVAL (Specify) DATE RECEIVED BY RESISTRAR'S SIGNATURE. 1.25. FUNERAL DIRECTOR ADDRESS	ed above. SIGNED 953
deceased alive on 9-22, 1953, and that death occurred at 8 P m., from the causes and on the date star 23A. SIGNATURE 23A. SIGNATURE 4940 Eastern Ave. 24A. BURIAL, GREMA- 24B. DATE TION, REMOVAL (Specify) 24G. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 34D. LOCATION (City, town, or county) 34D. LOCATION (City, town, or county)	ed above. SIGNED 953

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) DEATH Illy supplied. 3. FLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A Baltimore City, Maryland A. STA B. COUNTY B. FULL NAME OF not in hospital or institution, give street address or HOSPITAL OR location) (If outside cor or te limits write RUCAL and give OR TOWN C. CIT INSTITUTION Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) pst birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of york done during most of working life, even if retired) 108. KIND OF BUSINESS OR ate or foreign 12. CITIZEN OF INDUSTRY information s of death cle 14. MOTHER & MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL . INFORMANT (Yes, no or unknown) SECURITY NO of CAUSE OF DEATH item DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAYCINDWA (This does not mean the mode of dying, e.g., Every write th heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING ATIO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT PLEASE WRITE PLA correct age is especially WORK AT WORK 22. I certify that I took charge of the remains described above, held an [AYVIA] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\mathbb{I} \), accident \(\superightarrow \), suicide \(\superightarrow \), homicide \(\superightarrow \), undetermined \(\superightarrow \). 23B. CHIEF MEDICAL EXAMINER... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-248. DAT NAME, OF CEMETERY OR CREMATORY 249. LOCATION (City, town, or equally)

25 FUNERAL RECTOR

MARGIN

DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

S 151 before admission)

WHAT COUNTRY?

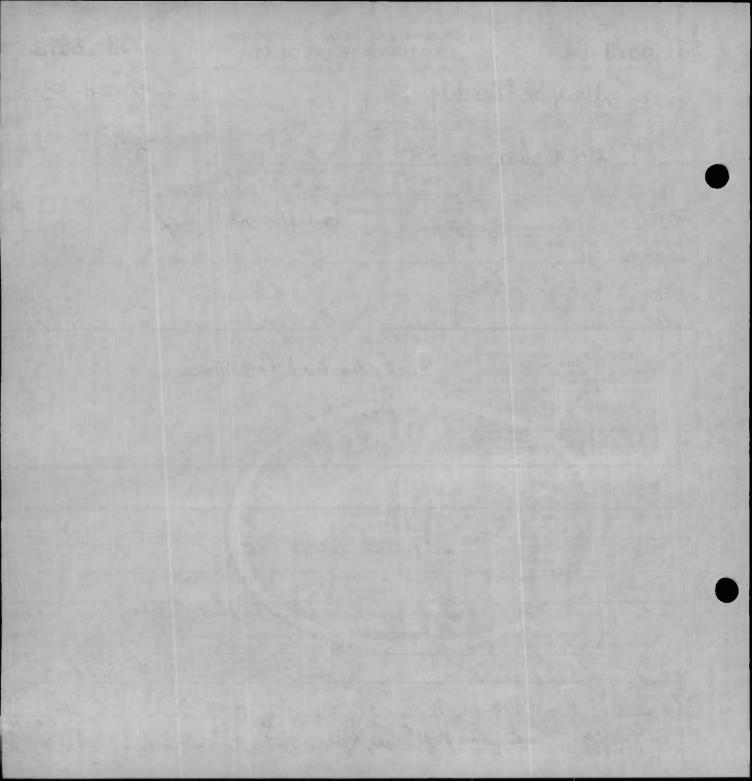
ONSET AND DEATH

20. AUTOPSY

(State)

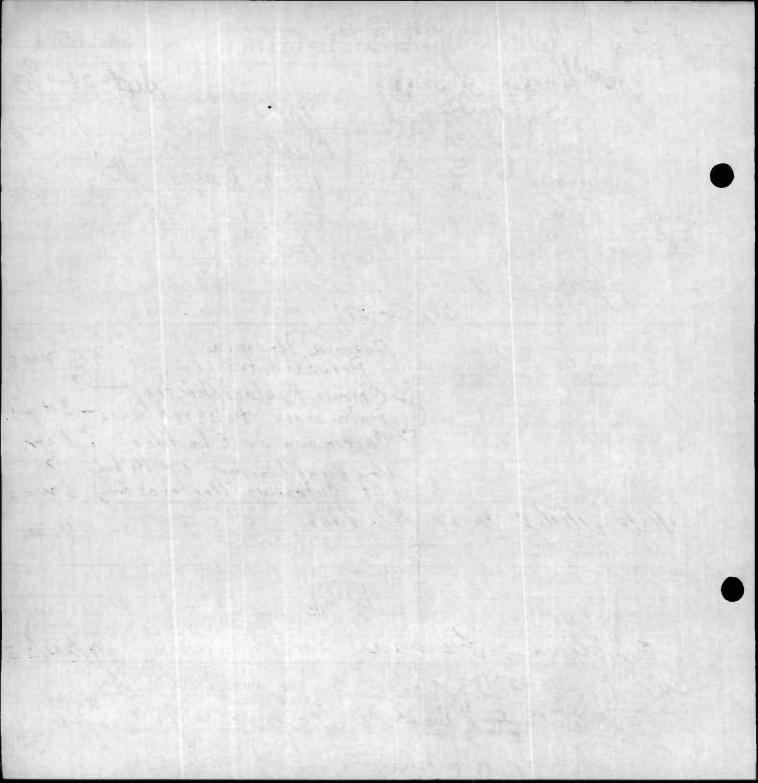
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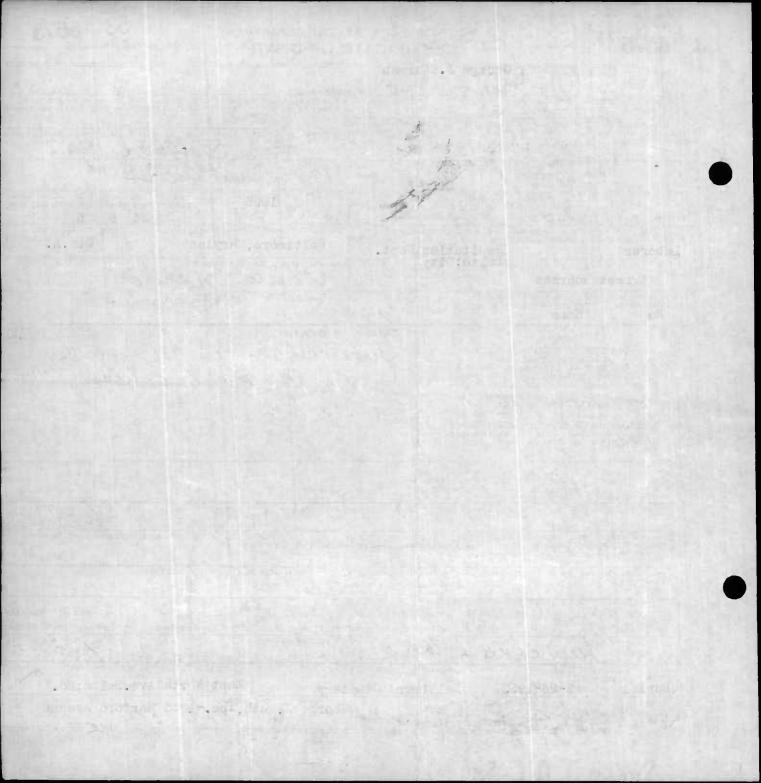


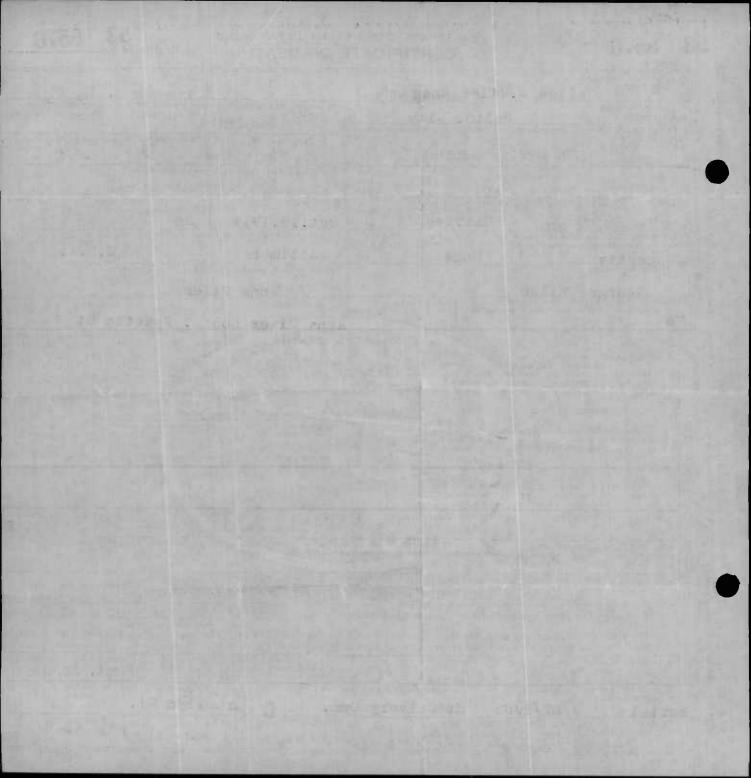
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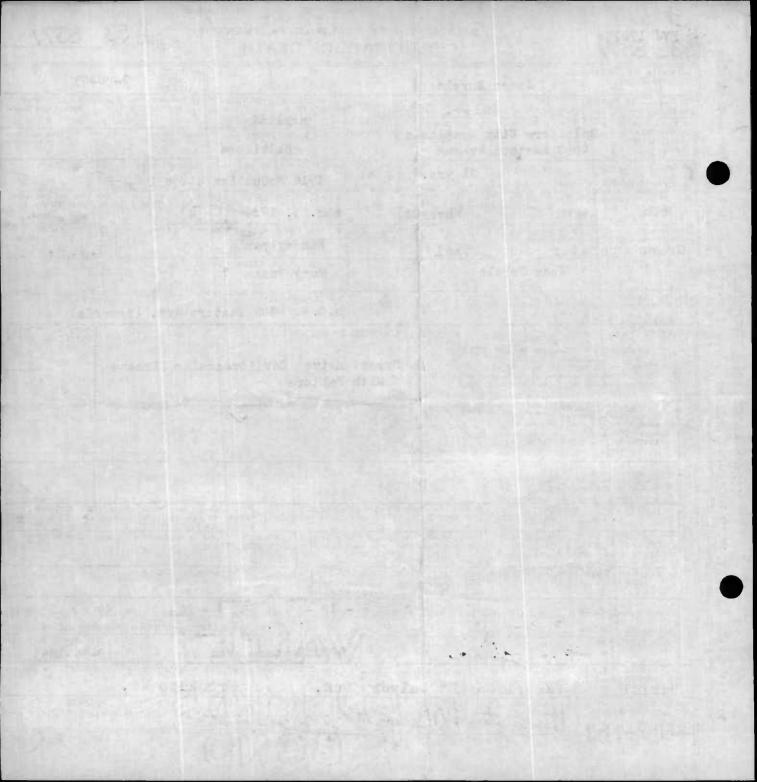


The 53	BI	OFFIC	HEALTH DEPARTMENT 53 8575 TE OF DEATH Registered No.
supplied. T	3. A.	Baltimore City, Maryland	2. DATE OF DEATH 33 1953 4. USUAL RESIDENCE (Where deceased lived of institution: residence B. COUNTY before admission)
fully su	H	FULL NAME OF (If not in hospital or institution, give street address location and strict or institution) JOHNS HOPKINS HOSPITAL Yrs Mos	c. CITY OR TOWN Of outside corporate limits, write RUDAL and give township) D. STREET ADDRESS (If gural give location)
should be early and le	5.	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Special Color of the Color of t	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
G mation eath cl		Laborer Sanitation Dept. RETHER'S NAME Balto:City Ernest Rohrman	Baltimore, Maryland W.S. A. OUNTRY
BINDIN of infor	15 (Yo	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No None 16. SOCIAL SECURITY NO.	17. INFORMANTS HOPKINS HOSPITAL ADDRESS
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MARGIN R UNFADING 1 Physicians: pl	CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
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LAFE	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY m. WHILE AT NOT W WORK AT WO 22. I hereby certify that I attended the deceased from	MILE
WRITE		deceased alive on 9,33, 1953, and that death occ 23A. SIGNATURE RUNCO L. Chellio.	238. ADDRESS 238. ADDRESS 239. DATE SIGNED
PLEASE WRITE PI	TI	AA. BURIAL, CREMA 248. DATE 24C. NAME OF COME 24	netery East North Ave. Balto: Md. [25. FUNERAL DIRECTOR: 1735 Harford Avenue] [26. FUNERAL DIRECTOR: 1735 Harford Avenue]
		vs 150 970	Seorge g gran 12





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5	FVJ 1747	56		TIMORE CITY HE			Register	53	8577
业	RTH NO.	./-		CERTIFICATI	E OF DEA	10			
	NAME OF D ype or Print)		nes Bur	els			2. DATE OF DEATH	9-20-	-53
A.		City, Maryland		o. City	4. USUAL RESI		here deceased live B. COUNT		tution: residence before admission)
HC	STITUTION	Baltimore (ity Ho	spitals iocation)	c. CITY OR TOW		outside corporate	limits Wr	rite RURAL and give township)
	Longth of a	tay in Poltimore	21	yrs. Yrs. Mos.	1710 MeC			n)	
	SEX	tay in Baltimore 6. COLOR OR RACE		Days E. MARRIED.	8. DATE OF BIR		O ACE (In your	's If Under	Year If Under 24 Hours
	Male	Negro	WIDOW	ED. DIVORCED (Specify)	Aug. 5, 19			Months	Days Hours Min.
work		CUPATION (Give kind of or working life, even if retired)	108. KINE	INDUSTRY	Pennsylv		reign country)		CITIZEN OF WHAT COUNTRY!
_	. FATHER'S				Mary Sus	AAIDEN NA	ME		
15 (Yes	. WAS DECEASI	O EVER IN U. S. ARMEI (If yee, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT B.C.H. 494	O Easte	ern Ave. (ADDR	ess ds)
ERTIFICATION	(This does heart failu in jury or DISEASE: RISE TO TUNDERLY	EE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mean complication which of the complication which complication is complicated by the complication of the complication which we cause the complication of the complication which we can be complicated by the complication of the complicati	TH of dying, e. f. of dying, e. f. ons the diseas caused death SES F ANY, GIVIN STATING TH ST. CONTRIBL	(B)(C)(C)	ensive Car Failure	diovasc	cular Dise	ase	
CEF	DISEASE O	DEATH BUT NOT	IT.		PERATION		ION WAS RELAT		20. AUTOPSY?
AL	ISA. DATE O		VAS PERFO		PERATION	CAUSE OF	F DEATH, ENTE		YES NO
EDICAL	OR CONTRIB	ENT WAS UNDERLY: BUTING CAUSE OF IFY MEDICAL EXAMINE	about	. PLACE OF INJURY (home, farm, factory, street, office	e. g., in or 21C. WH bldg., etc.) INJURY	ERE DID (I	If in Baltimore	City, give	exact location)
Σ	21D. TIME (OF INJURY	Month) (Day) (Year)	(Hour)	WHILE AT NOT WHILE WORK AT WORK	LE	ונאו סום א	URY OCCUR?		
	22. I hereb deceased a 23A, SIGNA	live on 9 -20-	tended the	deceased from 9 - and that death occur	- 19 - 19 rred at4:50P.7 38. ADDRESS 4940 Easter	n., from th	he causes and	on the d	hat I last saw the late stated above. 3c. DATE SIGNED -20-1953
24 TI	AA. BURIAL, ON, REMOVAL (S Burial	CREMA- Specify) 246. DATE 9226/		Mt Calvery			oklyn Mo		county) (State)
D	ATE RECEIVE	D BY REGISTRAR			39 FUNERAL D	-1		vv7.	Bress
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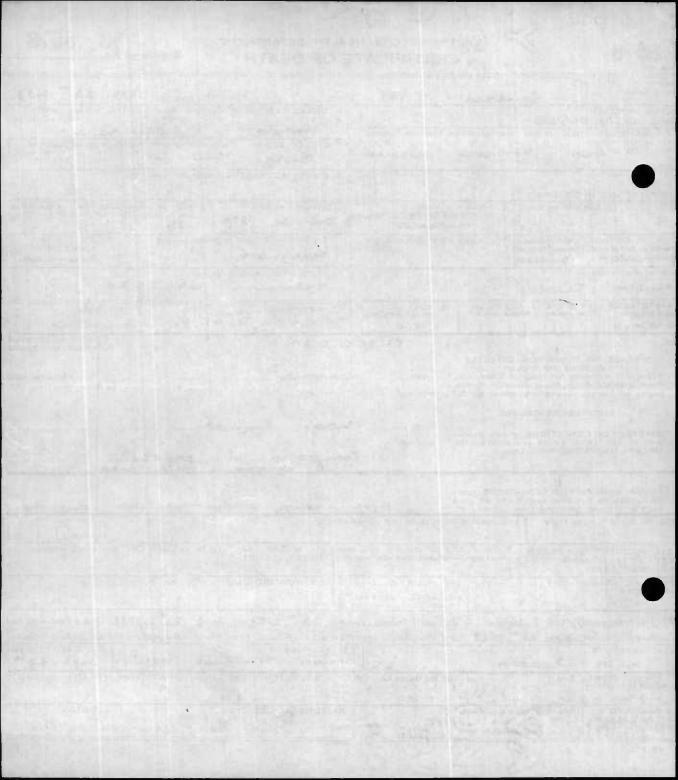
NAME OF DECEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8578

2. DATE

Sept. gouchen TASE DEATH LACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence Baltimore City, Maryland A. STATE B. COUNTY before admission) Baltimone ULL NAME OF (If not in hospital or institution, give street address or SPITAL OR . location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give TITUTION Hospital, Union MULS Owings D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore Days EX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | | Under 24 Hours | last birthday | Months | Days | Hours | Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) Oct. 31. Married USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF one during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland intractor builder Arresies FATHER'S NAME 14. MOTHER'S MAIDEN NAME WALTERS. lantin Katherine WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS no or unknown) (If yes, give war or dates of service) SECURITY NO. rone INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. bdomine H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED mawe candio - vasc TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION | 198. MAJOR FINDINGS NO X 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? URY NOT WHILE 22. I hereby certify that I attended the deceased from A. 30, 1953, to 5cpt. 25, 1951, that I last saw the deceased alive on Sect. 25. 1953, and that death occurred at W. O. m., from the causes and on the date stated above. 23B. ADDRESS Haspilal Memorial Sept. Rowson. 24c. NAME OF CEMETERY OR CREMATORY 24D, LOGATION (City, town, or county) BURIAL, CREMA-24B. DATE REMOVAL (Specify) Zunal E RECEIVED BY 5. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE VS 150



TH NO. NAME OF DECEASED pe or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 Registered No. 8579

2. DATE OF DEATH

JOHNH. JI	VCLAIRSR. OBATH 9/25/53
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
ULL NAME OF (If not in hospital or institution, give street address or	MD
TITUTION MERCY HOSP	C. CITY OR TOWN (If outside comporate limits, wrist RURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (1f rural, give location)
ength of stay in Baltimore L/FC Days EX 6.COLOR OR RACE 7. SINGLE, MARRIED.	S. DATE OF BIRTH S. AGE (In years) If Under 1 Year Il linder 24 Hours
WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9. AGE (In years It Under I Year It Under 24 Hours Min. 10-21-89 10-21-89 10-21-89
USUAL OCCUPATION (Givekindol 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN SINCLAIR	ROSE John
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
VES WWI 214-01-4630	LENA SINCLAIR WIFE. 814 S BOULD IN ST
18. 420:1 CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g.,	E POSTERIOIZ 3 days
	CARDIAL INFANCT
ANTECEDENT CAUSES	aroselenosis Vukum
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
(6)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	
ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED URY	D 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 15/	29/53, 19 to 9/25, 19 5) that I last saw the
deceased alive on 5/24, 1957 and that death occur	
23A. SIGNATURE 2	38. MORESS 23C. PATE SCHED
. BUMIAL CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
IRIAL 9/29/53 DAK LAWN	CEMT. BALTO.CO. MD.
	C. T. Hollman 1639 N. BRODOW AY
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	ully supplied.	CE: 23.
The Distriction of the Parish	PLEASE WRITE PLANTY, WITH UNFADING INK. Every item of information should be ully supplied. The	or min franch or account of the same of
SUPPLIES THE PROPERTY OF THE P	TH UNFADING INK. Ex	in Tilysicians, picase with
	PLEASE WRITE PLANTY, WI	outed age is especially importan

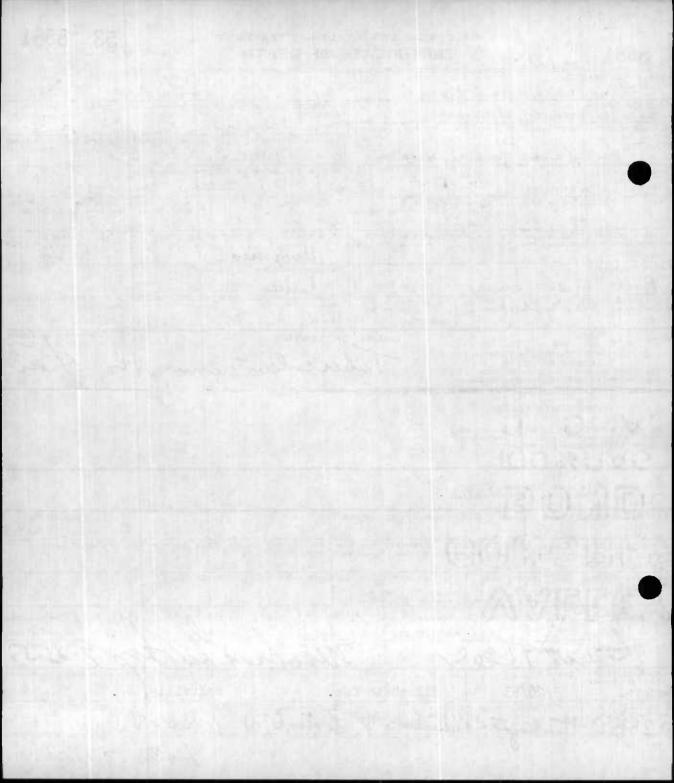
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1	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered \$63					
В	RTH NO.		CLIVIII ICAII	E OF BEAT		
	NAME OF DECEASED 'ype or Print') NET'	PIE MI	CHAEL STODDAR	D	2. DATE OF DEATH Sept	. 23, 1953
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESII	DENCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
H	FULL NAME OF (If not in hospit OSPITAL OR ISTITUTION 2106 Mt. Hol		cion, give street address or location)	Maryland c. city or tow	none (If outside corporate limit	write RURAL and give township)
1	2100 200 1101	LLY DO		Baltimore		
c.	Length of stay in Baltimore		50 Yrs. Mos. Days		RESS (If rural, give location) Holly St.	
5.	SEX G.COLOR OR RACE female white	WIDOV	E, MARRIED, VED, DIVORCED (Specify) OWED	8. DATE OF BIR	last birthday) M	if Under 24 Hours onths Days Hours Min.
10	OA. USUAL OCCUPATION (Givekind of		O OF BUSINESS OR		(State or foreign country)	12. CITIZEN OF
wor	k done during most of working life, even if retired) NONE		INDUSTRY	Oakland,	Maryland	U. S. COUNTRY?
13	B. FATHER'S NAME			14. MOTHER'S M		
	John O. Michael			Levi	na Michael	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMER 6, no or unknown) (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
ERTIFICATION	heart failure, asthenia, etc. It mea injury or complication which continues and the complication which continues a complication which continues are continued as a complex condition of the continues are conditions as a continue condition of the death but not disease or condition causing	caused death	(B) Hypert ODUE TO CARCI (C)		myocardial failur riosclerotic disease.	
AL C	19a. DATE OF OPERATION 1		TION FOR WHICH OF	PERATION	IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I OR PART II	TO 20. AUTOPSY?
EDIC	21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINE	about	B. PLACE OF INJURY (home, farm, factory, street, office		ERE DID (If in Baltimore City OCCUR?	, give exact location)
Σ	21D. TIME (Month) (Dsy) (Year) OF INJURY	(Hour) m.	21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WOR	LE	SANDO VANTUI DID M	
	22. I hereby certify that I att deceased alive on Sept. 23 23A. SIGNATURE	tended the	and that death occur	rred a 12:50P a	n., from the causes and on t	the date stated above.
_	- deligner A	cupol	м. р.	4116 Edmond	ISON AVe. Y 24D. LOCATION (City, town	9 - 23 - 53 n, or county) (State)
TI	4A. BURIAL, CREMA 24B. DATE ON, REMOVAL (Specify) Burial 9 - 26	- 53	Loudon Park	RT OR CREMATOR	Baltimore Md.	
	ATE RECEIVED BY REGISTRAR OCAL REGISTRAR WITH THE PROPERTY OF		Villama, Mar	John D. Mito	RECTOR Chall & Sons, Inc1	ADDRESS
	VS 150)		11/13	Huelall	

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4	6	700	- A	1

CERTIFICATE OF DEATH Registered No. 8581

H MOODE	on ru.		CERTIFICATI	L OI DEATH		
AME OF DECEAS	SED				2. DATE	
or Print) Jea	in Nel:	son	Munch		OF Se	t. 25, 1953
ACE OF DEATH: altimore City, I	Maryland			4. USUAL RESIDENCE	B. COUNTY	If institution : residence beforessymission)
LL NAME OF	(If not in hospit	al or institut	ion, give street address or location)			- nu
ITUTION	0					nits, waite AURAL and give township)
man	yland	genera	e Hospital	Battim		
ength of stay in			Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	4 17
	LOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	
	Ev	Sing	VED, DIVORCED (Specify)	Dec. 21, 1950	last birthday)	Months Days Hours Min.
USUAL OCCUPAT	TION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF
he during most of working	g life, even if retired)		INDUSTRY	11:		WHAT COUNTRY
ATHER'S NAME				14. MOTHER'S MAIDEN		U.S.A.
4		0				
	torse h			mulle C	. Nelson	
	R IN U.S. ARMED es, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no			none	Whigh Munch	2117	Callow ave # 17
. 010X		11000	CAUSE	OF DEATH		INTERVAL BETWEEN
	CONDITION	DIRECTLY		1 1		ONSET AND DEATH
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heart failure, asth	ienia, etc. It meai	ns the diseas				
injury or compli	leation which e	aused deatr	.) DUE TO		,	
ANTEC	CEDENT CAUS	ES				
DISEASES OR C	ONDITIONS. 15	ANY GIVE	(B)	***************************************		
RISE TO THE ABO	OVE CAUSE (A)	STATING TH	E DUE TO			
ONDERETHO	DONE LA	31.	(C)	***************************************		
	11					
OTHER SIGNIFI						
TRIBUTING TO THE	OR CONDITION	CAUSING I	T			
A. DATE OF OPE			FINDINGS OF OPER	ATION		20. AUTOPSY?
	0					YES NO
1A. ACCIDENT W			CE OF INJURY (e.g., i		(If in Baltimore City,	give exact location)
YING OR CONTAUSE OF DEATH		anout nome,	farm, factory, street, office bldg.,	INJURY OCCUR?		
ME (Month)	(Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
URY			WHILE AT NOT WHILE			
		m.	WORK AT WORK		4	
2. I hereby certa	ify that I att	ended the		ray 21, 1953, to	supt y 25 , 19	3, that I last saw the
eceased alive on	342. 25	, 10 5 3	and that death occur	red at 7: 40 A. m., from	n the fauses and on	the date stated above
BA. SIGNATURE	· ATT	1/20		39. ADDRESS	56/4a-	23 DATE STONES
/ Cu	WI 1	40	М. D.	way aar	RU VOV	7 / 03/37
BURMAL, CREMA- REMOVAL (Specify)	24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, low	n, or county) (State)
emoval	0/26/5	3	Elizabeth C	em.	Saltville, Va	
CIIIO Val	9/26/5				7	a .
RECEIVED BY	REGISTRAR'S			25. FUNERAL DIRECTO		ADDRESS
				25. FUNERAL DIRECTO		
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RECEIVED BY				25. FUNERAL DIRECTO		



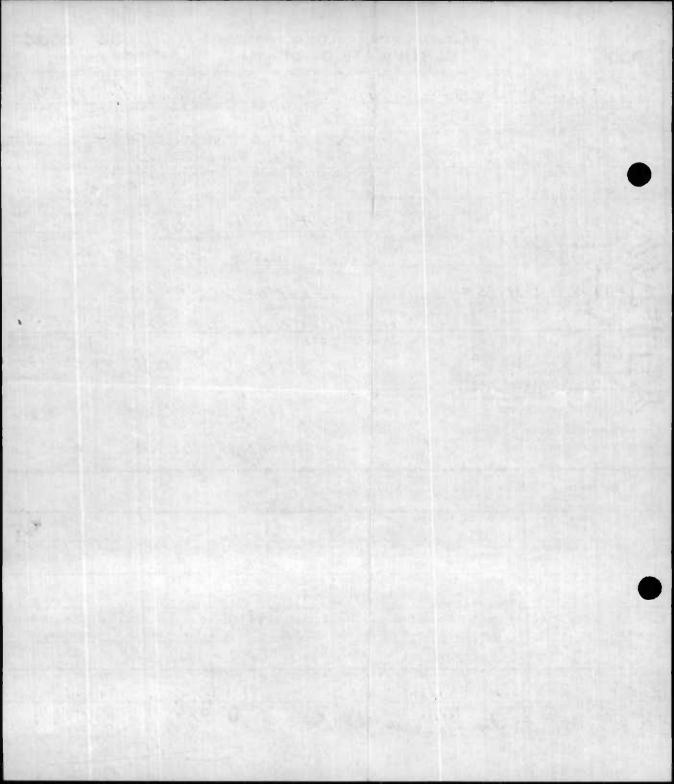
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

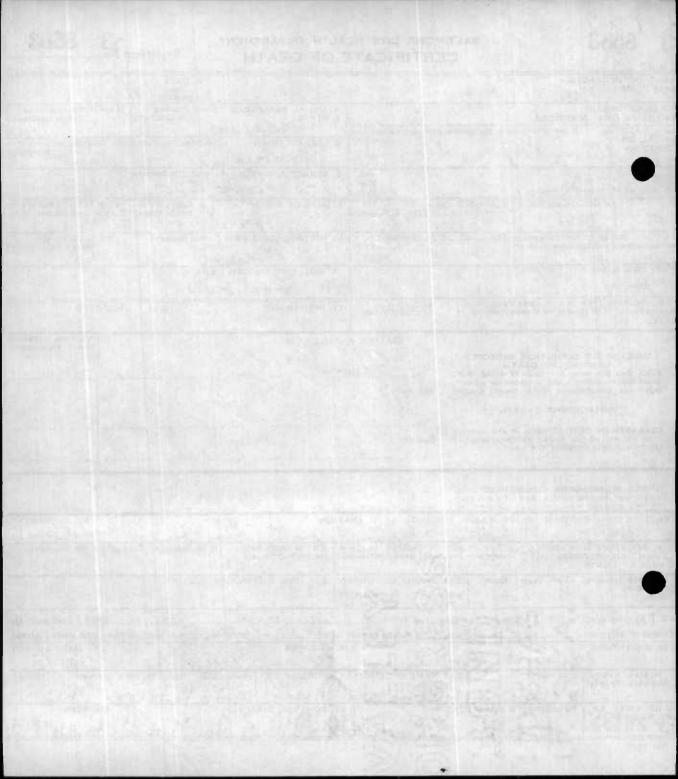
53 8582 Registered No.

H NO.	
AME OF DECEASED	2. DATE
LADA CHASE LIN	
ACE OF DEATH: altimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, It institution: residence B. COUNTY Jefore admission)
ULL NAME OF (If not in hospital or institution, give street address or location)	1110. 76-56
ITUTION	c. CITY OR TOWN (If outside comparate limits, write RURAL and give township)
519 ST. HELENA HUE.	BOJLIIMORE (22)
Yrs.	b. STREET ADDRESS (If rural, give location) 6619 ST, HELENB ALLE
ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED.	The state of the s
WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under Veer Il Under 24 Hours In the last birthday) Months: Days Hours Min.
USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	15DEC. 1871 8Z
ne during most of worklog life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	
	14. MOTHER'S MAIDEN NAME
MILTON CHASE	ELIZABETH MOORE
AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
100 WONE	MILTON A. LINNE-7612 SPRUCERd
3. 42011 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	Amongon Thronton 10 mins
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	Charley Mind to 2 1.
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	atteniore mois liellar
DISEASES OR CONDITIONS, IF ANY, GIVING	a munitario de la vicas
UNDERLYING CONDITION LAST.	Lintonnim / File.
(C)	Typinensus Juans
11	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
PA. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
	YES NO
.1A. ACCIDENT WAS UNDERYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., e .AUSE OF DEATH	
ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
WHILE AT NOT WHILE	
m. work L at work L	TON 1048, DUT 22 1053 11 11 11
	Jan , 1948, to Syx 22 , 1953, that I last saw the red at 5A. m., from the causes and on the date stated above.
	3B. ADDRESS / ///) 23c. DATE SIGNED
Dana M. auaren M.D.	33 Dunda/KAYE Vunda/A111. Sept 23, 1953
BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
IRIAL 9-28-53 SILENT VE	UNDERWOOD, MINN
RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
25 1950 Hintington Villiams 15	Detter Birthe Bushers Durduly mile



53	8583
egistered No	0000

3 0000	CEDTIEICATI	CE DEATH	Registered No.	0000
TH NO.	CERTIFICATI	E OF DEATH	negistered 140.	
AME OF DECEASED Print) MRS. MINA Ro	PP	2	OF DEATH 9/26	15-3
ACE OF DEATH: altimore City, Maryland		4. USUAL RESIDENCE (When		titution: residence before admission)
JLL NAME OF (If not in hospital or insti	tution, give street address or	~	Fred	LALA V
PITAL OR MAN Has work	location)		side corporate limits, w	vrite RURAL and give township)
The state of the s		TREPERICK		,
ength of stay in Baltimore	Yrs. Mos. 15-Days	636 GRAM. F	_	011
	OWED, DIVORCED (Specify)	8. DATE OF BIRTH 9.		er l Year if Under 24 Hours Days Hours Min.
neduring most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		CITIZEN OF
ATHER'S NAME		14. MOTHER'S MAIDEN NAME		us#.
HETTRY SHOEMAKER.		GERTIE (
VAS DECEASED EVER IN U. S. ARMED FORCES	1 16. SOCIAL			
o or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	ADD	RESS
8. 19 34	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	0 /	10		DNSET AND DEATH
(This does not mean the mode of dying,	e. g., (A)	ma of agenin		4 mo.
heart failure, asthenia, etc. It means the dis- injury or complication which caused de-	ease.			
ANTECEDENT CAUSES				
	(B)	***************************************		
DISEASES OR CONDITIONS, IF ANY, GIRISE TO THE ABOVE CAUSE (A) STATING	VING THE DUE TO			
UNDERLYING CONDITION LAST.	(C)			•••••••
11				
OTHER SIGNIFICANT CONDITIONS OF				
TO THE DISEASE DR CONDITION CAUSING				
9A. DATE OF OPERATION 19B. MAL	OR FINDINGS OF OPER	ATION 14-1	0	20. AUTOPSY?
21a. ACCIDENT WAS UNDER- 2 B. F	PLACE OF IN ILLRY (e.g. b	1 21c. WHERE DID (If In	Baltimore City, give	YES ND ND
YING OR CONTRIBUTING about hor	PLACE OF INJURY (e. g., line, farm, factory, street, office bldg., e	M) INJURY OCCUR?	, Datamore Only, give	chact location)
ME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY O	CCUR?	
m.	WORK NOT WHILE			
22. I hereby certify that I attended to		9/11, 1953 to	9/26, 19531	hat I last saw the
deceased alive on 7/25, 19.5		red at 2 4 m., from the	causes and on the	date stated above.
3A. SIGNATURE Offin W. A	com gr M.D. 2	3B. ADDRESS	ath 1"	9/24/53
BURIAL, CREMAY 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOGA	ATION (City, town, or	county) (State)
RECEIVED BY REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR	M-) 11	DDRESS
VS 150	- Philipule, M	Maria Co	- Ilia ale	FUM HIM
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8584 FH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8584

2. DATE

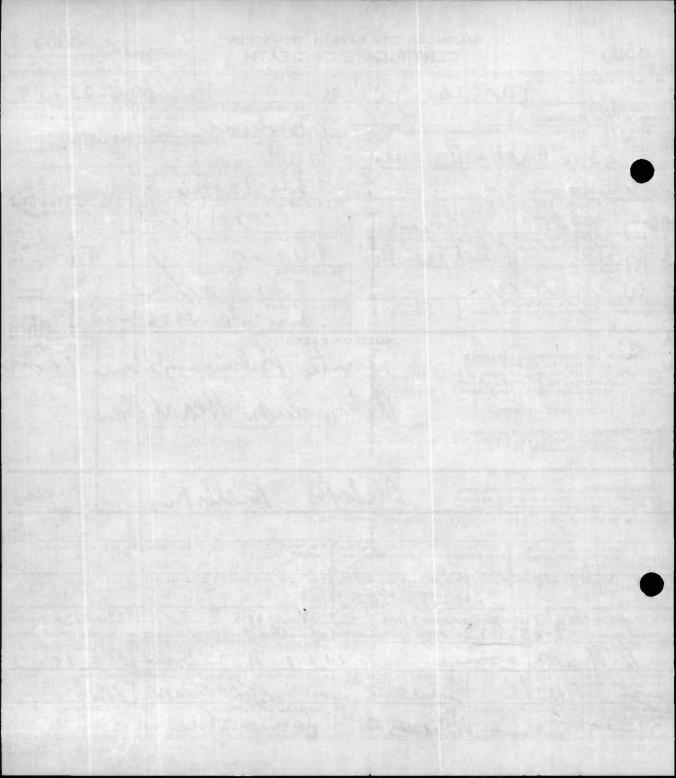
e or Print)	John W	estey E	rown		OF S	eptember 25,1953
altimore (4. USUAL RESIDEN		ed. If institution: residence
JLL NAME		al or institut	ion, give street address or			
PITAL OR			location)	C. CITY OR TOWN	(If outside corporate	limits write RURAL and give
41	1027 N. Fulton Ave				9 10	township)
			Yrs.		S (If rural, give location	n)
ength of s	tay in Baltimore		Mos. Days	1027 N. Fult	ton Ave	
EX	6. COLOR OR RACE	7. SINGLI	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In year	rs If Under I Year If Under 24 Hours
Male	Col	WIDOW	VED, DIVORCED (Specify)	July 5 1892	last birthday) Months Days Hours Min.
	CUPATION (Give kind of of working life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta		U.S.A COUNTRY?
ATHER'S	VAME			14. MOTHER'S MAIL	DEN NAME	
	ames Brown			Lucy Ann		
NAS DECEASI	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
io			SECONTI NO.	Betty rown	1027	N. Fulton ave
8. 15	1× 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION LEADING TO DEAT	DIRECTLY	0.	arcinomatosis		
(This does	s not mean the mode of	f dying, e.	g., (A)	% LCTHOTTCOBIE	***************************************	3 Mos
heart failu injury or	are, asthenia, etc. It mea complication which c	ns the diseas aused death	se, h.) DUE TO			
	ANTECEDENT CAUS	ES	Cal	rcinoma of Stor	mach	155 DOVE 115
RISE TO T	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA	STATING T				
			(C)			
	II SIGNIFICANT CONDI G TO THE DEATH, BUT					
	SEASE OR CONDITION					
9A. DATE C	OF OPERATION 1	98, MAJOR	FINDINGS OF OPER	ATION	Mean	YES NO
1A. ACCIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			ity, give exact location)
15 45	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED SIE HOW DID I	NJURY OCCUR?	
FURY	(2011011) (2013) (2011)		WHILE AT NOT WHILE			
		m.	WORK AT WORK			
2. I hereb	y certify that I att	ended the	deceased from Aug	. 1, , 1, 53,	to Sept 25,	193_, that I last saw the
	live on Sept, 25	19 53	and that death occur	red at 2 A. m., f	from the causes and	on the date stated above.
3A. SIGNA	TURE A			38. ADDRESS		23c, DATE SIGNED
	() (dalh	m d	P.D.	2243 Madison	Ave, Falt.	9.26.53
BURIAL,	CREMA- 24B, DATE		Y /1 /2		24D. LOCATION (City, t	town, or county) (State)
REMOVAL	(auto	1600	Rolling		Dorotto Car	olin a
E RECEIVE	D BY REDISTRAR	SSIGNATI	IRE I	25. FUNERAL DIREC	FOR	ADDRESS 322/r.
AL REGIST		1- 11	1000 100	n 12	Pr/11.	1 1
1770	She was and	Town IV	LAURE MAY	1100 Male	1. William	simular st
VS 150	3			20013		
			7	2010		

AME OF DECEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

8585 Registered No.

2. DATE e or Print) DEATH 4. USUAL RESIDENCE (Where deceased live. If institution; residence LACE OF DEATH: altimore City, Maryland B. COUNTY before admission) ULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, we CCITY RURAL and give TITUTION township) Yrs. (If rupal, give location) Mes. ength of stay in Baltimore Days EX 6. COLOR OF RACE 7. SINGLE, MARRIED 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) vanue USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF one during most of working life, even if retired) INDUSTRY ATHER'S NAME MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRASS no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE DEATH 420,0 ana ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE . 19 13 that I last saw the 22. I hereby certify that I attended the deceased from 7-25, 1953, and that death occurred at 12.364 m., from the causes and on the date stated above. leceased alive on 3A, SIGNATURE 23c. DATE SIGNED BURIAL, CREMA-REMOVAL Specify) AME OF CEMETERY OR CREMATORY mal E RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS W2-1124-2 VS 150



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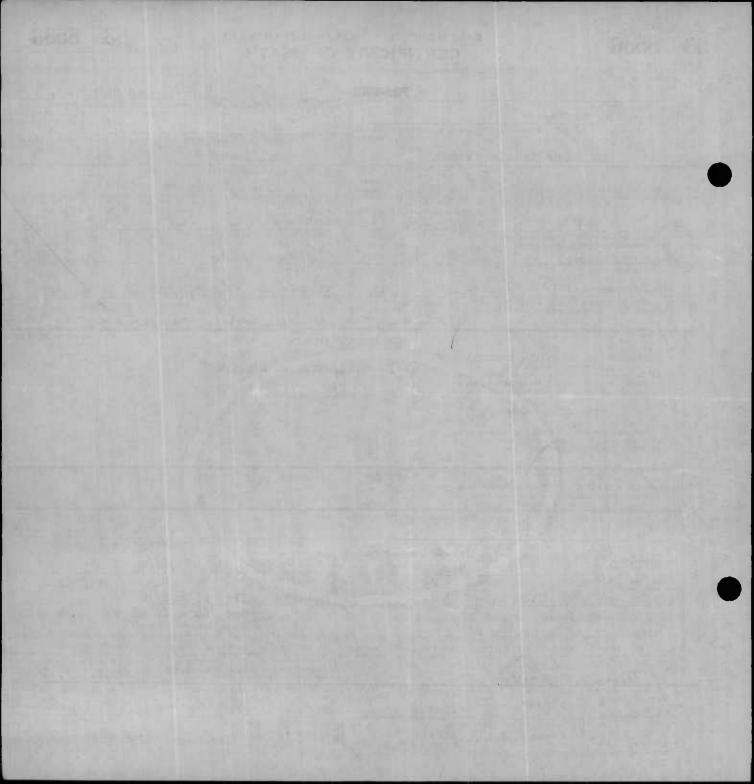
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BALTIMORE CITY HEALTH DEPARTMENT

53 8586

BI	RTH NO.	E OF DEATH Registered No.
1. (T	NAME OF DECEASED (ype or Print) HENRY FOREMAN	2. DATE OF DEATH September 23, 1953
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside corporate lights, write R) RAL no give
	4502 Springdale Avenue	Baltimore o. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore 28 years	4502 Springdale Avenue
	SEX 6. COLOR OR RACE 7. SINGEE, MARRIED, WIDOWED, DIVORCED (Specify) Male White managed	8. DATE OF BIRTH 9. AGE (In years if Under I Year last birthday) Months: Days Hours Min. 40
10 worl	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) A. USUAL OCCUPATION (Give kind of lobe. KIND OF BUSINESS OR INDUSTRY)	
13	Repetition New Fost	14. MOTHER'S MAIDEN NAME
-	Simon torman	mollie Heyman
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 6, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 2/2-09-2953	Mrs. annotto Forman-4502
	DISEASE OR CONDITION DIRECTLY	OF DEATH ONSET AND GEATH TX A GUE to hanging
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATEO TO THE DISEASE OR CONDITION CAUSING IT.	
CO	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO X
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (6. g., i about home, farm, factory, at reet, office bldg., i	/ INJURY OCCUR? // 502 Springdale Avenue
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY Found: 9/23/53 7:00 Å. m. WHILE AT NOT WHILE AT WORK	lights on port if our
	22. I certify that I took charge of the remains described of	above, held an Inspection & Inquiry thereon and from
	and death in my opinion resulted from: natural causes	Inquiry, find that said deceased died on the day stated above, is \square , accident \square , suicide \square , homicide \square , undetermined \square .
		238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Sept. 23, 1953
710	AA. BURIAL. CREMA- 248. DATE 24C. NAME OF CEMETE	ERY OF CREMATORY 240. LOCATION (City, town, or county) (State) Circle Battimore Mayland
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS



before admission)

B. COUNTY

-25, 1953, that I last saw the

ADDRESS

PLEASE W.

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THE decide de desider Mig Smelm Hagar ilegen et D ह नाडी अस्मिद्धार्थी January Somei James pe 41-11-1) Trem 3 3-24-6 \$1 24-6 Commence of the second

before admission)

If Under 1 Year

ADDRESS

Abore

19_

12. CITIZEN OF

township)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

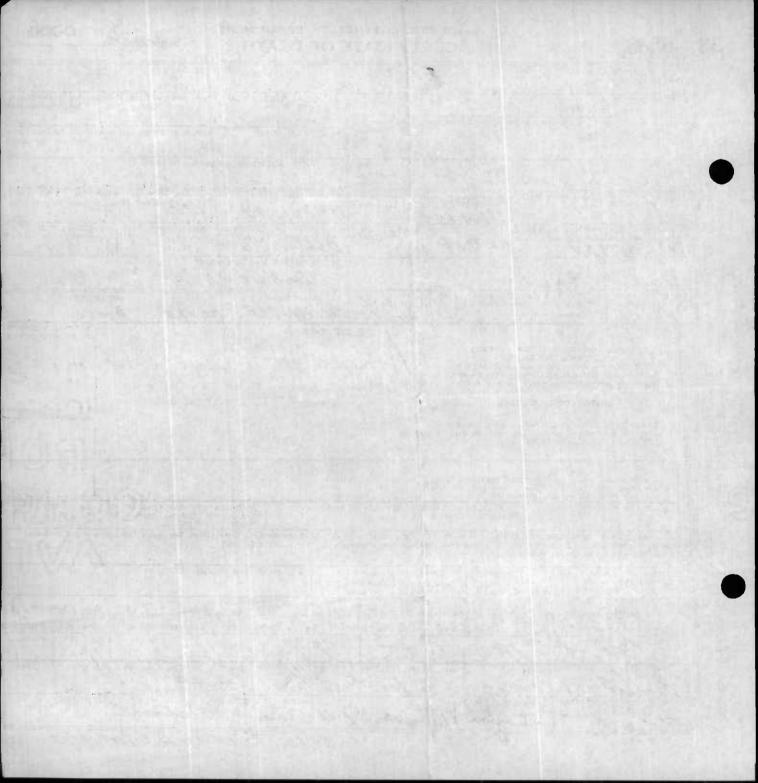
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20. AUTOPSY?

, that I last saw the

23c. DATE SIGNED

ADDRESS

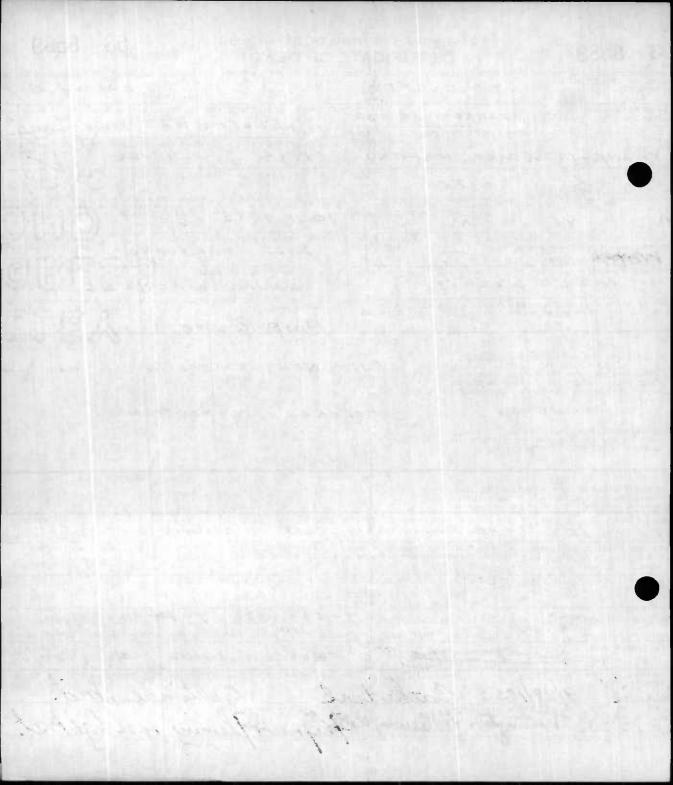


53 8589

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8589

CERTIF	ICATE	OF DEATH	Registered N	70.
AME OF DECEASED LEO LYCE?	-7		2. DATE OF SEE	T. 24,1953
ACE OF DEATH: altimore City, Maryland FRANKLIN SQ I LL NAME OF (If not in hospital or institution, give street a	HOSP.	4. USUAL RESIDENCE (WA. STATE	here deceased lived If	institution: residence before admission APYLAND
PITAL OR location) ITUTION FRANKLIN SQUARE HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give S. HANOVER township		
Yrs. Mos. Days		O. STREET ADDRESS (If rural, give location)		
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCEI	D (Specify)	8. DATE OF BIRTH 10-11-1883	9. AGE (In years last birthday) Mo	Under 1 Year H Under 24 Hours nths Days Hours Min.
USUAL OCCUPATION (Give kind of during most of working life, even if retired) Watchman		11. BIRTHPLACE (State or for BALT. MA	reign country) RYLAND	12. CITIZEN OF WHAT COUNTRY
ATHER'S NAME MICHAEL LYCETT		14. MOTHER'S MAIDEN NAME ANNA MACNEAL		
AS DECEASED EVER IN U, S. ARMED FORCES? or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURIT	TY NO.	17. INFORMANT HOSP. Reed		DDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	••••••••		BOLISM FACTION	ONSET ANO OEATH
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
9 24 53 CHOLE LITHI		TION OBST. OF COM	MMON DUC	20. AUTOPSY?
1A. ACCIDENT WAS UNDER. YING OR CONTRIBUTING about home, farm, factory, street, about home of the street, factory, at reet, about home of the street, factory at reet, about home of the street, factory at reet, about home of the street, factory at reet, about home of the street,			in Baltimore City, g	rive exact location)
ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? M. WHILE AT NOT WHILE AT WORK AT WORK				
2. I hereby certify that I attended the deceased fro eccased alive on 9 - 24, 1953, and that dea	th occurr	ed at pm., from th	e causes and on th	that I last saw the ted above
	м. о.	FRANKLIN SQL	IARE HOSE	9/24/53
errial 9/28/1953 Cathe	dra	l Ba	Otimore	or county) (State)
RECEIVED BY REGISTRAR'S SIGNATURE WILLIAM	-, M.5	Lynn Hen	ung 1426	hight st.
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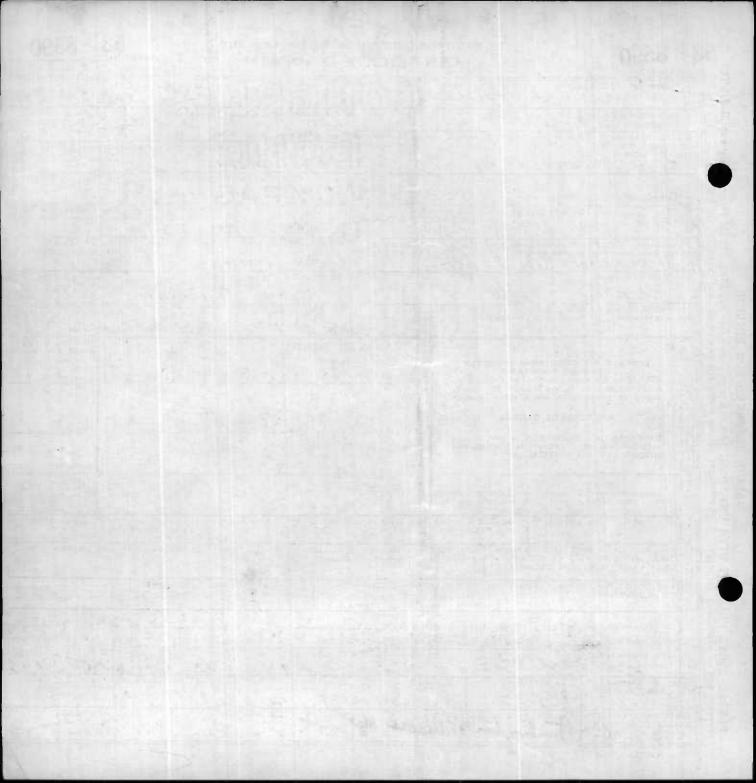
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	Ily supplied.
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAI I, WITH UNFADING INK. Every item of information should be ca correct age is especially important. Physicians: please write the causes of death clearly and leg.
	PLEASE WRITE PLAI I, WITH correct age is especially important.

R-400 8590)
BIRTH NO.	
1. NAME OF DECEA	SE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	8590
Registered No	0000

BI	RTH NO.		CERTIFICATI	E OF BEA		
	NAME OF D	Mary £	Reilly		2. DATE OF DEATH	pt. 24-53
	PLACE OF D Baltimore (EATH: 7 City, Maryland	7	4. USUAL RES	IDENCE (Where deceased lived. B. COUNTY	If institution: residence before admission)
HC	SPITAL OR	OF (If not in hospit	al or institution, give street address or location)		WN (If outside corporate h	nits, write R RAL and give
IN	2014	Burnwood	Rd.		more /	township)
0	Tomosth of a	4 D. 14	Yrs. Mos.	I - 11 11	RESS (If rural, give location)	/
-	SEX	tay in Baltimore 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIR	RTH 9. AGE (In years)	
1	F	W.	WIDOWED, DIVORCED (Specify)	987-1	-1880 73	
Work	doneduring most	of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	0 11	E(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	. 1	1/	14. MOTHER'S		
15	, ,	and Kei,		Mar-		
(Yes	, no or unknown)	(If yes, give war or date	SECURITY NO.		ankr. 2014 Bunn	wood Rd.
	(This does	SE OR CONDITION LEADING TO DEA inot mean the mode ire, asthenia, etc. It mes complication which	DIRECTLY TH of dying, e. g., uns the disease,	OF DEATH	lever CV.	ONSET AND DEATH
RTIFICATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING STATING THE DUE TO			
ш	TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT OR CONDITION CAUSING	RELATED TO THE			
AL C		F OPERATION 1	98. CONDITION FOR WHICH OF VAS PERFORMED	PERATION	IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I OR PART II	
EDIC	OR CONTRIE	ENT WAS UNDERLY BUTING CAUSE OF IFY MEDICAL EXAMINE	about home, farm, factory, street, office	(e. g., in or 21C. Wholing, etc.)	HERE DID (If in Baltimore Ci OCCUR?	ty, give exact location)
Σ	21D. TIME (OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE	W DID INJURY OCCUR?	
		y certifythat I at	tended the deceased from	,	to to, 19	hat I last saw the
	deceased a		21-13-	23B. ADDRESS	5: 1 00	23c. DATE SIGNED
TIC	NA. BURIAL.	CREMA- 24B. DATE Specify) 9/26-3	24c. NAME OF CEMETE New Calhea	FRY DR CREMATO		wn, or county) (State)
DI	ATE RECEIVE OCAL REGIST	D BY REGISTRAR	S. SIGNAT PRILITION MA	1995 FURERAL	on Sne. Bale	ADDRESS
	VS 150		633	F.D		



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BALTIMORE CITY HEALTH DEPARTMENT

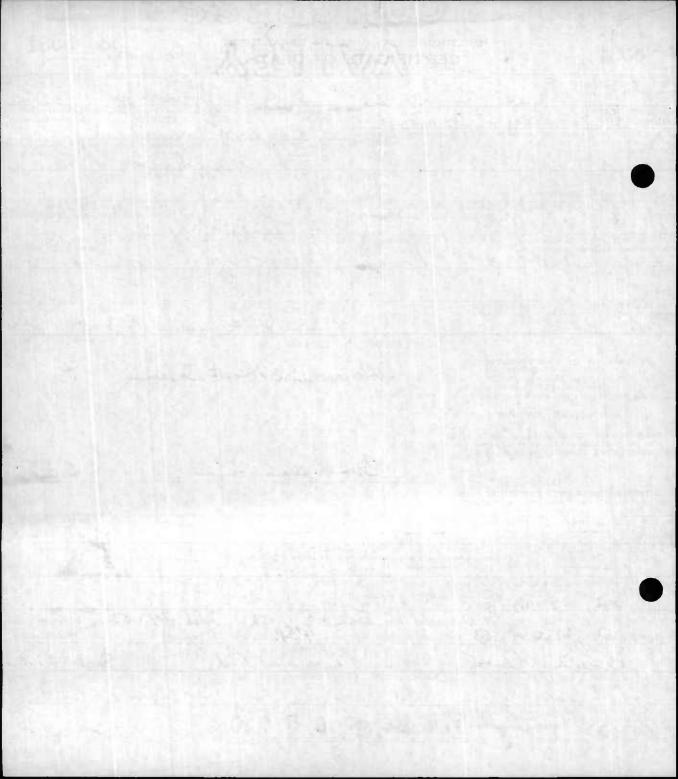
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Registered No. CERTIFICATE OF DEATH AME OF DECEASED 2. DATE e or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence LACE OF DEATH Saltimore City, Maryland Yoo before admission) (If not in hospital or institution, give street address or PITAL OR location) (If outside corporate limits, write RUITAL and give C. CITY OR TOWN township) mohin Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (pyears | Winder | Year | K Under 24 Hours last birthday) | Months: Days | Hours: Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR 11. BURTHPLACE (State or foreign country) 12. CITIZEN OF one during most of working life, even if retired) INDUSTRA WHAT COUNTRY? FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 8. 420.0 DISEASE OR CONDITION DIRECTLY esterior chatic Heat of LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Bronds pue 5 days OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO K ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Sect 20 , 1953, to_ Lift 24, 1953, that I last saw the Feat 14, 1953, and that death occurred at 4's m., from the causes and on the date stated above. deceased glive on_ 3A. SIGNATURE 23c. DATE SIGNED 24D. LOCATION (City, town, or county) BURLAL CREMA-REMOVAL (Specify) ept 28-1953 ADDRESS

25. FUNERAL DIRECTOR

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REGISTRAR'S SIGNATURE



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ВІ	8592			TIMORE CITY HE			Registered No.	8592
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A.		City, Maryland '		Porkhose ave	A. STATE	IDENCE (W.	here deceased lived. If inst	itution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hos)	pital or instituti	on, give street address or location)	c. CITY OR TOV	NN (If	outside corporate limits, w	RITAL and give township)
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADD	DRESS (If r	ural, give location)	
	3EX	6. COLOR OR RAC	WIDOW	, MARRIED, ED, DIVORCED (Specify)	San 3	. 0 -		N I Year K Under 24 Hours S Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of working life, even if retire	lof 10B. KIND	OF BUSINESS OR	VI. BIRTHPLACI	E (State or for	reign country) 12	CITIZEN OF WHAT COUNTRY?
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15	MAS DECEAS	ED EVER IN U. S. ARM	UNS	neger 16. SOCIAL	Marya	1/	dang	
Ye	e, no or uoknowo)	(If yes, give war or d	ates of service)	SECURITY NO.	17 INFORMANT	26	chelle est	ress are
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EDIC	OR CONTRI	ENT WAS UNDERLE BUTING CAUSE CIFY MEDICAL EXAMI	OF about h	PLACE OF INJURY (come, farm, factory, street, office		IERE DID (I	lf in Baltimore City, giv	e exact location)
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	22. I herel	y certify that I dlive on 7/24			/18/ ,19	m., from th	9/2-4/, 153, the causes and on the	hat I last saw the date stated above.

23A. SIGNATURE

23B. ADDRESS

d above. SIGNED

24A. BURIAL, CREMA: TION, REMOVAL (Specify) 248. DATE

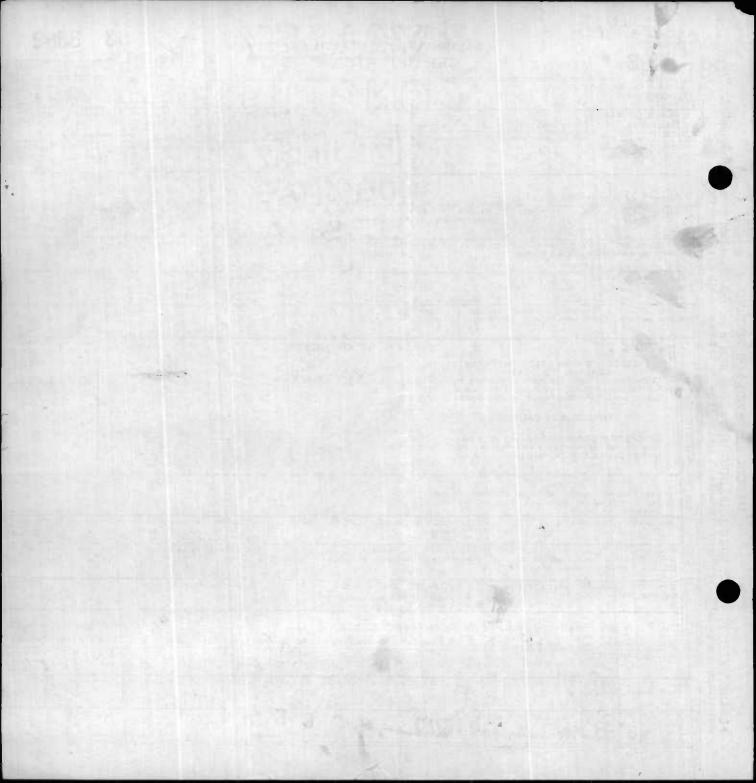
24c. NAME OF CEMETERY OR CREMATORY 240. LOGATION (City, town, or county)

REGISTRAR'S SIGNATURE DATE RECEIVED BY

25. FUNERAL DIRECTOR

ADDRESS

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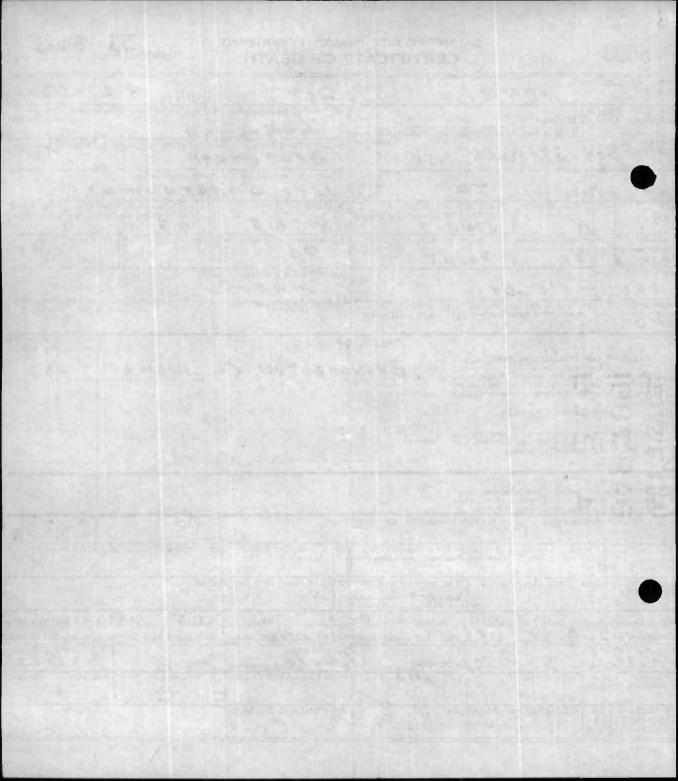
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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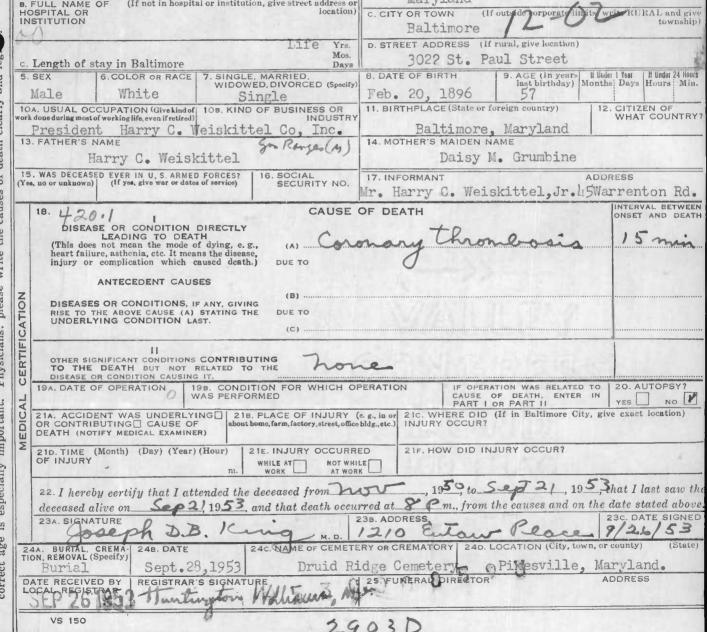
CERTIFICAT	E OF DEATH Registered No.	
AME OF DECEASED HENRY M	COY 2. DATE OF DEATH 9-2	5-53
LACE OF DEATH: altimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If inst	titution : residence before admission
JLL NAME OF (If not in hospital or institution, give street address or location)		671
TITUTION BON SECOLAS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, w	township
ength of stay in Baltimore 46 Yrs.	D. STREET ADDRESS (If rural, give location)	7.
6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 19. AGE (In years) I Unde	er I Year If Under 24 Hours
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HENRY Mc Coy	MARTIN	
NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADD	RESS
8. /62X CAUSE	OF DEATH	INTERVAL BETWEEN
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(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	CHOGENIC CARCINOMA	8 MBS.
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DISEASES OR CONDITIONS, IF ANY, GIVING		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
94. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDER. _YING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., it est, office bldg.,		exact location)
ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE		Militari I
m. WORK \square AT WORK $22.$ I hereby certify that I attended the deceased from 9°		hat I last saw th
	rred at 10:45 pm., from the causes and on the	
		3c. DATE SIGNED
BURIAL, CREMA- REMOVAL (Specify) Lept 19-143	ERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
E RECEIVED BY REGISTRAR'S SIGNATURE	28 FUNERAL DIRECTOR AI	St Paul
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	53 859	4			TE OF DEATH		Register
	1. NAME OF DE (Type or Print)	ECEASED A	nton F	. Weiskitte			2. DATE OF DEATH
	A. Baltimore C	3. PLACE OF DEATH: A. Baltimore City, Maryland 3022 St. Paul St. B. FULL NAME OF (If not in hospital or institution, give street address or			4. USUAL RESIDE		here deceased live B. COUNT
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION					out de orporate	
Sai	c. Length of stay in Baltimore Days			3022 5		rural, give location ul Street	
ana	5. SEX Male	6.COLOR OR RACE White	WIDOW	MARRIED. ED.DIVORCED (Speci Ingle	8. DATE OF BIRTH Feb. 20, 18		9. AGE (In year last birthday 57
clearly		CUPATION (Give kind of f working life, even if retired) Harry C. V		of Business or industricel Co. Inc.			reign country) Maryland
death	13. FATHER'S N			gon Ranges (A)	14. MOTHER'S MA	IDEN NA	• Grumbine
es or	15. WAS DECEASE (Yes, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT Mr. Harry C.	Weis	kittel,Jr
e write the caus	(This does heart failu injury or	E OR CONDITION LEADING TO DEA' not mean the mode ore, asthenia, etc. It mea complication which of	TH of dying, e. g ns the disease auscd death	(A)Cox.	onany th	non	ماده

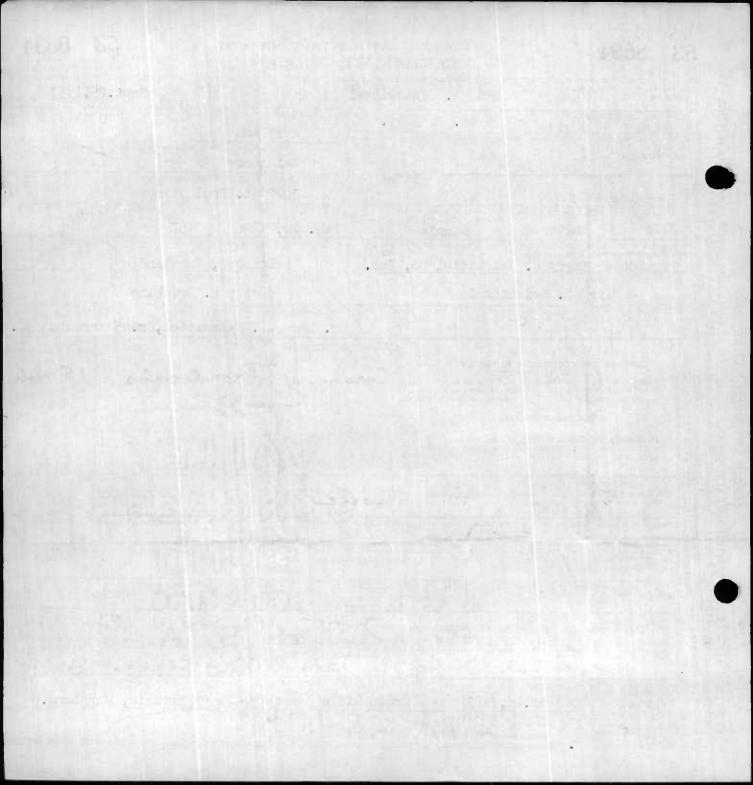


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before admission)

ept. 25,1953 d. If institution : residence

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	BIRTH NO. CERTIFICA	HEALTH DEPARTMENT 53 8595 TE OF DEATH Registered No.
causes of death clearly and leg	1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR INSTITUTION 2. A. C. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Special Control of Work done during most of working life, even if retired) 10A. USUAL OCCUPATION (Give kind of Work done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	S. D. STREET ADDRESS (If rural, give location) S. S. D. STREET ADDRESS (If rural, give location) S. S. D. STREET ADDRESS (If rural, give location) S. S. D. STREET ADDRESS (If rural, give location) S. S. D. STREET ADDRESS (If rural, give location) S. S. D. STREET ADDRESS (If rural, give location) S. D. STRE
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19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21c. WHERE DID

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY

NOT WHILE WHILE AT

21F. HOW DID INJURY OCCUR?

WORK L AT WORK

22. I hereby certify that I attended the deceased from. deceased alive on.

248 DATE

1950, to. 195 that I last saw the 19 1 and that death occurred at 14 17m., from the causes and on the date stated above.

23A. STONATURE

23B. ADDRESS

23c. DATE SIGNED

244. BURIAL, CREMA-TION, REMOVAL (Specify)

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24C NAME OF CEMETERY OF CREMATORY

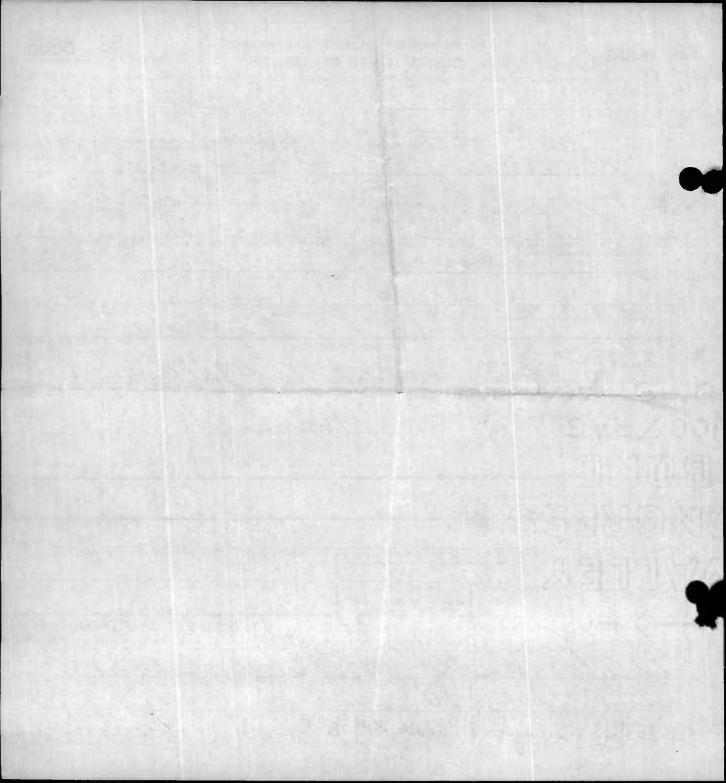
24D. LOCATION (City, town, or county)

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REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR aurol, Agoress

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20. AUTOPSY



BALTIMORE CITY HEALTH DEPARTMENT V Registered No. 3 8596

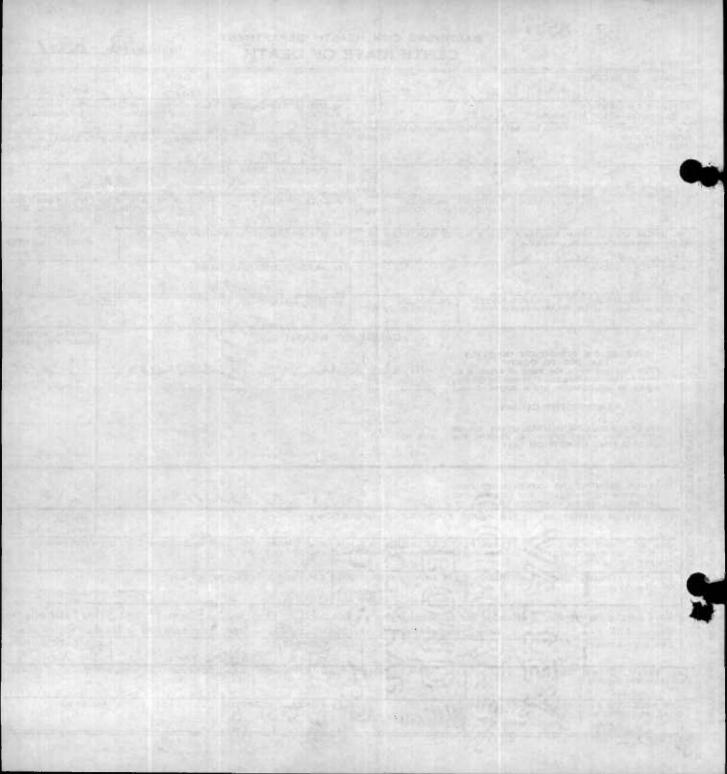
21.	BI	IRTH NO. CERTIFICATI	E OF DEATH
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	_	Pype or Print) ANTON KAS PLACE OF DEATH:	DEATH SFPT 25 1933 4. USUAL RESIDENCE (Where deceased lived. If institution: residence
dda	A.	Baltimore City, Maryland MERCY HOSP.	A. STATE B. COUNTY before admission)
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. ·	110	MERCY HOSP, ISALT.	BALTIMORE township)
		80YRS. Mos.	D. STREET ADDRESS (If rural, give location) 106 E ELM AVENUE,
d le		Length of stay in Baltimore Days SEX 16 COLOR OF RACE 1.7 SINGLE MARRIED	
y and		WIDOWED DIVORCED (Specify)	APRIL 181871 last birthday) Months Days Hours Min.
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[]	1	Clothing CUTTER	CZECHOSLOVAKIA U.S.A.
death	13	FATHER'S NAME TOCONIAL KACIL	14. MOTHER'S MAIDEN NAME
5 II	15	TOSEPH KASIK 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
se of	(Ye	ss, no or unknown) (If yes, give war or dates of service) SECURITY NO.	FRANK T. KASIK 6521 BOSEMONT AVE
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write		injury or complication which caused death.) DUE TO	
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mp	ME	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
lv i	1	OF INJURY WHILE AT NOT WHILE	
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dse	۱	deceased dive on 5/21, 18 13, and that death occur	rred at I mm., from the causes and on the date stated a ove.
is		2 ph. glophayuge . C. L.	ADDRESS D 23C. DATE SIGNED
age	2.	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 248. LOCATION (City, town, or dynty) (State)
ect s	TI	ON. REMOVAL (Specify)	EMER CEM 4430 BELAIR RU MI)
orre		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
20	C	SEP 26 150 Huntington Milliament, Ma	Defen Bros. 7110 BELAIR RD
		VS 150	VV

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8597

	BI	IRTH NO.	
		NAME OF DECEASED (Type or Print)	ETT 2. DATE OF 9/26/53
Ivacel			4. USUAL RESIDENCE (Where deceased lived If institution: residence A. STATE B. COUNTY before admission)
dno	В.	FULL NAME OF (If not in hospital or institution, give street address or	2862 Cayer are Ballimore
		NSTITUTION 28/15	c. CITY OR TOWN (In Outside corporate limits, write RURAL and give township)
A		Yrs.	D. STREET ADDRESS (If rural, give location)
Ie		Length of stay in Baltimore Mos. Days	2862 Rayner and 16-06
and	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. ASE (In years) Under I Year Under 24 Hours last birthday) Months Days Hours Min.
rly	10	DA. JOUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
clearly	work	k dope during most of working life, even if retired) INDUSTRY	Penna WHAT COUNTRY?
death	13		14 MOTHER'S MAIDEN NAME
	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Cleantella Orle
s of	(Ye	es, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS OF THE STATE OF THE STA
causes		18. / X / L . CAUSE O	F DEATH INTEREST ONSET AND DEATH
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Physicians:	RT	OTHER SIGNIFICANT CONDITIONS CON-	inscardetes years
Phy	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
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portant.	EDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc	
I II	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
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ib.	1	22. I hereby certify that I attended the deceased from	15, 1953, to 9 26, 1953 that I last saw the
s es		deceased alive on 1953, and that death occurr	B. ADDRESS 23C. DATE SIGNED
age i		(Meulelis M.D. (05/ N/Bentalon 19/26/53
	TIC	4A. BURIAL, CREMA 245, DATE 24C. NAME OF CEMETER DURL (Specify) 439/02 West David	YOR CREMATORY 240-1900ATION (City town, or county) (State)
correct		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	(A)	Peve 1501933	C 2/12 DO 1 DD Chal
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

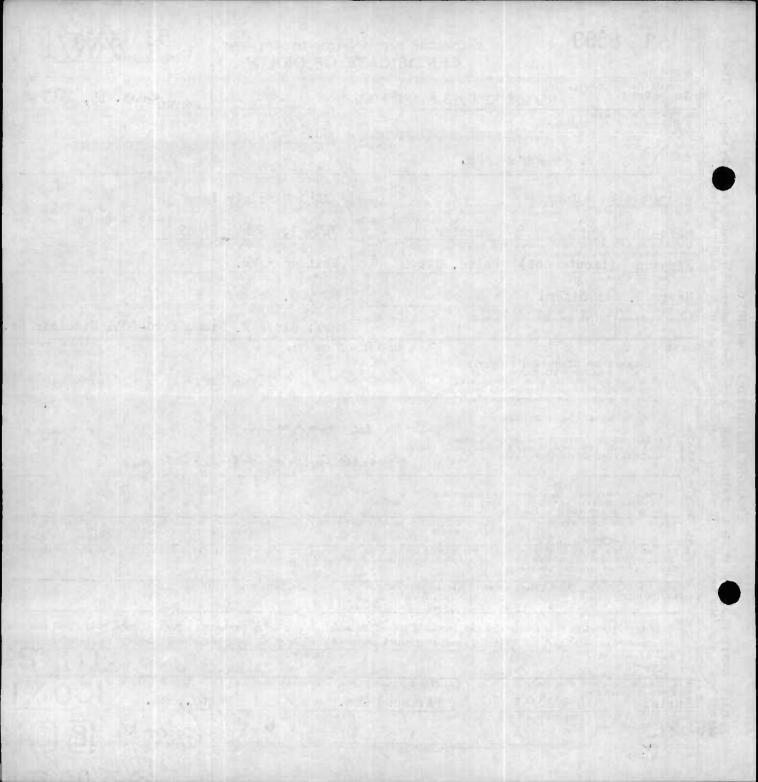
53 8598 Registered No.

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATHSept. 26. 1953 Anne Simonsen 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: before admission) A. STATE B. COUNTY A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4409 Towarda Ave. INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 4409 Towanda Ave. Davs 9. AGE (In years) If Under 1 Year 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Home Sweden 14. MOTHER'S MAIDEN NAME 13, FATHER'S NAME Unknown Haknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. No Adelph Simensen 4409 Tewanda Ave INTERVAL BETWEEN CAUSE OF DEATH 18. 42011 ONSET AND DEATH Cornary Throntons DISEASE OR CONDITION DIRECTLY 1 week LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. none OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION YES 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from Squt, 19, 1953, to Squt 26, 1953 that I last saw the deceased alive on 1953, and that death occurred at 8.45 Am., from the causes and on the date stated above. 23c DATE SIGNED 23A, SIGNATURE certerston 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B, DATE 9/28/53 Baltimore Md. Leuden 25. FUNERAL DIRECTOR DATE RECEIVED BY A REGISTRAR'S SIGNATURE LOCAL REGISTRAR Soh T. Stansbury 2700 Edmendson Ave

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	PLEASE WRITE PLA Y, WITH UNFADING INK. Every item of inficurect age is especially important. Physicians: please write the causes of

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ВІ	RTH NO.			CERTIFICATI			Registered 1		
1.	NAME OF D	ECEASED					2. DATE		
(T	ype or Print)	GRASO	N RICHA	RD STANDIFORD	W 100 100 5-22		DEATH SEPT	25, 1953	
	PLACE OF D Baltimore (EATH: City, Maryland			A. STATE	DENCE (W	here deceased lived. If B. COUNTY	institution: residence before admission)	
	FULL NAME	OF (If not in hospit	al or instituti	ion, give street address or location)		(10)	A : 3	*** 72.172.4.4	
	STITUTION	St. Joseph¹	s Hosp.	,	c. CITY OR TOW		outside corporate limit	s, write RURAL and give township)	
4	L /			Yrs.	Baltimore		ural, give location)		
	Tamadh a Ca	A		Mos.				8-05	
-	SEX	tay in Baltimore	7 SINGLE	Days Days	8. DATE OF BIRT			Under 1 Year If Under 24 Hours	
			WIDOW	ED, DIVORCED (Specify)	last birthday) Months: Days Hours Min.				
	ale	White CUPATION (Givekinder	marr		July 3, 19		49	10 CITIZEN OF	
wor)	done during most	of working life, even if retired)		OF BUSINESS OR INDUSTRY			reign country)	12. CITIZEN OF WHAT COUNTRY?	
-	ireman	(Lieutenant)	Balto	. City	Baltimore				
	FATHER'S				14. MOTHER'S M		ME		
Harry G. Standiford 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL			Mary C. Ke	eller					
(Ye	, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			DORESS	
					Mrs. Clara	a F. St	tandiford-20	al Sinclair La	
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT inot mean the mode of the asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA II ENIFICANT CONDITIONS DEATH BUT NOT IT CONDITION CAUSING	FH f dying, e. g ns the disease aused death SES F ANY, GIVIN STATING TH ST. CONTRIBU	(B) Miled (B) Miled (C) Probab	bral Hen hypert le Cerebral	insiòn		Emmediate 5 years:	
O		F OPERATION 1	9B. CONDI	TION FOR WHICH OF	ERATION		ION WAS RELATED T		
AL	n	one	AS PERFO			PART I O	R PART II	YES NO	
EDICAL	OR CONTRIB	ENT WAS UNDERLYI BUTING CAUSE OF IFY MEDICAL EXAMINE	about	. PLACE OF INJURY (in norma, farm, factory, street, office			If in Baltimore City,	give exact location)	
Σ	210. TIME (Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCURRE	D 21F. HOW	LENI DID	URY OCCUR?		
	OF INJURY	y	m.	WHILE AT NOT WHILE AT WORK					
	22. I hereby certify that I attended the deceased from 3, 1948, to 5, 25, 1953, that I last saw the deceased alive on 54, 1953, and that death occurred at 8.104.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED								
24	A. BURIAL,	CREMA- 24B. DATE		24C. NAME OF CEMETE			OCATION (City, town	, or county) (State)	
	on, removal (: urial	9/28/53		Parkwood Ce	m.	Baz	gto Md.		
-	ATE RECEIVE	D BY REGISTRAR'	S SIGNATU		25 FUNERAL DI		Jener V	ADDRESS	
	VS 150	ð	* ***	762	93		Baeto	17. Md.	



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BALTIMORE CITY HEALTH DEPARTMENT

53 8600

BIRTH NO.	9 0000		CERTIFICATI	E OF DEA	IH	Registere	u 190	
1. NAME OF (Type or Print)						2. DATE		
	WILEI.	AM T. E	DENFIELD			DEATH SE	pt. 25,	
	City, Maryland			A. STATE	IDENCE (W	here deceased lived B. COUNTY		i : residence fore admission)
HOSPITAL OR	2754 Kinsey		ion, give street address or location)		WN (If	outside corporate li	mits, write RU	JRAL and give
INSTITUTION	2154 VIUSEA	Ave.		Baltimon				township
			Yrs.			rural, give location))	
	stay in Baltimore		Mos. Days	275) Kir	sev Ave		20	-02
male	6.COLOR OR RACE	7. SINGLE WIDOW WI	E, MARRIED, VED, DIVORCED (Specify) LOOWEQ	Dec. 23,		9. AGE (ln years last hirthday)	Months Days	Hours Min.
10A. USUAL OC	CCUPATION (Give kind of tof working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLAC	E (State or fo	reign country)	12. CITIZ	ZEN OF
teel Work	er	Steel	Mfg.	Maryland			WHA	T COUNTRY?
13. FATHER'S	NAME			14. MOTHER'S	MAIDEN NA	ME		
James H.	Edenfield			Ida E. Ki	irwan			
15. WAS DECEAS	BED EVER IN U. S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	Mr. Osca		ield-2754 K	ADDRESS	ve.
Z DISEASE RISE TO UNDERLU	ure, asthenia, etc. It means to complication which complication which complication which complications are complicated to the complication of the	aused death ES FANY, GIVIN STATING TH ST. CONTRIBL	(B) (B) (C) (C) (C) (C) (C) (C)	EATO SCO EASE BBEFES	LEROTI	CAROL	is-un	500000
DISEASE O	OF OPERATION 1	IT.	TION FOR WHICH OF	PERATION		TION WAS RELATED		UTOPSY?
¥					PARTIO	F DEATH, ENTER	YES	NO C
OR CONTRI	BUTING CAUSE OF	about	. PLACE OF INJURY (o home, farm, factory, atreet, office		OCCUR?	If in Baltimore C	ity, give exac	t location)
OF INJURY	(Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	E	LNI DID M	URY OCCUR?		¢
	CREMA- 248. DATE Specify) 9/28/53	, 19 Ses,	M. D. 24c. NAME OF CEMETE Loudon Park	red at Sim	m., from the RY 24D. LO Balto		n the date s	atated above ATE SIGNED (State)
15 VE 1569	53		69	03D	Us	ratto 1	7. Mu	d.

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· un comment con STATE OF THE REAL PROPERTY. A VALUE OF A CHARLES AND A STATE OF THE STAT

13-400 BALTIMORE CITY HEALTH DEPARTMENT 53 8601 CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE e or Print) OF LOUIS L. BAILEY DEATH LACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence altimore City, Maryland A. STATE B. COUNTY before admission) MARYLAND ULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give TITUTION TA HOSPITAL, BALTO. 18, MD. BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) HON 706 N. KENWOOD AVENUE ength of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months | Days | Hours | Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) MARRIED USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF one during most of working life, even if retired) INDUSTRY WHAT COUNTRY EEL WORKER STEEL RICHMOND, VIRGINIA U.S.A. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NANCY HENERY CHARD T. BATTLEY WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS 14-0193 /25/17 - 3/3/19 VA HOSPITAL RECORDS, VAH, BALTO. MD. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH HEMORRHAGIC SHOCK 12 Hrs. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES TUBERCULOSIS, PULMONARY, FAR ADV. 7 Yrs. (8) DISEASES OR CONDITIONS, IF ANY, GIVING ACTIVE. RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY TUBERCULOSIS, PULMONARY, FAR ADV., ACT., LEFT LUNG 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? NOT WHILE . 1953, to 9/23 , 1953, abaddascapación 22. I hereby certify that attended the deceased from_ toposasakvagaeseseseses and on the date stated above, 23B. ADDRESS 23c. DATE SIGNED HOSPITAL, BALTO 18, MD. BURIAL, CREMA-REMOVAL (Specify) TE RECEIVED BY DIRECTOR ADDRESS

TITLE .T MATER THE ST WATER THE ALMERICA CONTRACTOR OF THE PROPERTY OF THE PRO THE POLICE SECTION OF THE PROPERTY AND THE PROPERTY SECTION OF THE PROPERTY AND THE PROPERTY OF THE PROPERTY O A PROPERTY. THE TOTAL COLOR OF THE PARTY OF THE PARTY. . INTERIOR William Control of the Art. St. Art. St. Aller A STATE OF THE STA A PARTITION AND THE PROPERTY.

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53 860% BALTIMORE CITY HE CERTIFICATE	
TH NO.	
AME OF DECEASED VIRGIE MI. AN	THONY DEATH SEPT. 25, 1953
LACE OF DEATH: saltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived if institution: residence a. STATE B. COUNTY before admission)
JLL NAME OF (If not in hospital or institution, give street address or location)	C. CITYOR TOWN (If outside corporate limits, write RURAL and give
1143 WICOMICO ST	BALTO 21-02 township)
Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 11 +3 Wie o Mico 57
EX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under I Year II Under 24 Hours
WIDOWED, DIVORCED (Specify)	Auers 1893 Bast birthday) Months Days Hours Min.
decduring most of working life, even if retired) OUSEWIFE	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William SHERD	UNKNOWN
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(If yee, give war or dates of service) SECURITY NO.	MYALLEN HATHONY SAME
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	menona. Jelen
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	notare sta
.4.	aring gancies +
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	La se Olivera.
(C)	Maggicen
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPER	
ISS. MACON TIME OF ST. ST. E.	YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e	
ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED URY WHILE AT NOT WHILE	ED 21F, HOW DID INJURY OCCUR?
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from	28 195 , to Jept 2, 19 , that I last saw the
dcceased alive on fight 3, 19 5 3 and that death occur	
23A. SIGNATURE the fesience M.D. 2	3B. ADDRESS 1 4 2 9 W Jacquellah Hynd Ug/4
	CHEMATORY OAR LOCATION (City town or county) (State)

VS 150

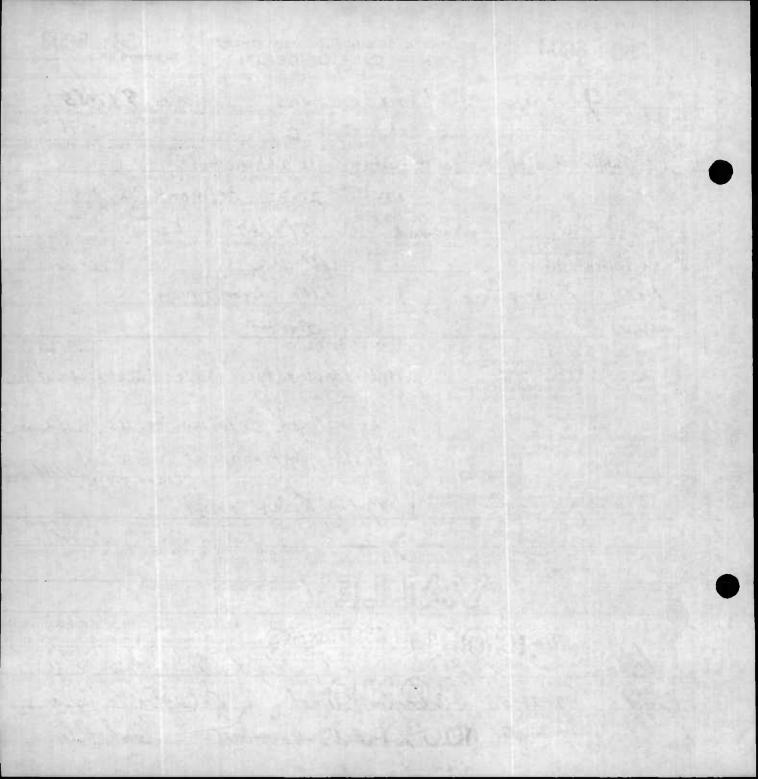
EADOW RIDGE WASH. Blyd-ADDRESS
Duedred J. Blight

600 9 Harford R.

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	ly supplied.	
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THE PROPERTY OF THE PROPERTY O	PLEASE WRITE PLAIN, WITH UNFADING INK. Every item of information should be call ly supplied. T	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
1	vel	ite
2	国	WI
TATANATA	G INK.	please
TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	UNFADIN	Physicians:
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	PLAIL	pecially
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	PLEAS	correct

11	1-323	1 -2 0-62						
1	3.4 (16100	EALTH DEPARTMENT \$53 8603						
В		E OF DEATH Registered No.						
1.	NAME OF DECEASED	mmons 2. DATE OF DEATH 9/2/53						
	PLACE OF DEA H: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)						
8.	FULL NAME OF (If not in hospital or institution, give street address of opening the control of t							
	U.S. Public Health Service Hospital	Washington (If dustice corporate mans, write KOKAD and give township)						
	Yrs.	D. STREET ADDRESS (If rural, give location)						
1000	Length of stay in Baltimore /5-Mos.	المستحدث والمستحدث والمستح						
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify							
10	DA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
Wor	done during most of working life, even if retired) RAY Technician	W. Va WHAT COUNTRY?						
12	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
-	Noah Marguise	Lily Lymittion						
(Y	5. WAS DECEASED EVER IN U. S. ARACD FORCES? s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS						
		OF DEATH INTERVAL BETWEEN ONSET AND GEATH						
	DISEASE OR CONDITION DIRECTLY							
	(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	ioscleratie heart duease sexulyse						
	injury or complication which caused death.) OUE TO							
7	ANTECEDENT CAUSES	eralized arteriosclerosis Kubnown						
TION	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	11						
FICAT	UNDERLYING CONDITION LAST. (C)	led onteroapieal myocardial						
LEI	11 //	insarction analy						
ERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	to tholar right						
U	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH O							
CAL	WAS PERFORMED	CAUSE OF DEATH, ENTER IN YES NO PART II OF P						
EDIC	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY OR CONTRIBUTING CAUSE OF about home, farm, factory, street, offic DEATH (NOTIFY MEDICAL EXAMINER)							
Σ	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F, HOW DID INJURY OCCUR?						
	OF INJURY MAILE AT NOT WH WORK AT WOIL	IILE T						
	22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw the						
	deccased Alive on 9/26, 19:53, and that death occu	erred at 115 p.m., from the causes and on the date stated above						
	23A. SIGNATURE	238. ADDRESS 23c. DATE SIGNED						
2	M. O. AA. BURIAL, CREMA- 4B. DATE 24C. NAME OF CEMET ON REMOVAL (Specify)	ERY Of CREMATORY 240. LOCATION (City, twn, or equity) (State)						
	Burial 9-29-53 arlington 9	Thingle & arlington, Virginia						
	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25, FUNERAL DIRECTOR OF PODRESS						
2	1919 Martington Williams Atom	W.W. Chambers Wash. V. G.						
1	VS 150	9487						



C-632 TH NO.53 8604

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8604

Registered No._

IAME OF DECEASED	2. DATE				
cora M. Curtis.	DEATH Sept 25,1953				
LACE OF DEATH: Saltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)				
ULL NAME OF (If not in hospital or institution, give street address o					
PITAL OR location	township)				
3614 Hooper Ave.	Baltimore				
Yrs. Mos. Length of stay in Baltimore Life Days	D. STREET ADDRESS (If rural, give location) 3614 Hooper Ave				
EX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year If Under 24 Hours				
emale White Widow	7 7 0 7000				
USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
one during most of working life, even if retired)	WHAT COUNTRY?				
DUS EWOPK FATHER'S NAME	Maryland U.S.				
ATTEN O MANE	14. MOTTER 3 MAIDEN NAME				
John Bond.	Margaret Painter.				
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
	Earl V.Curtis.3614 Hooper Ave				
8. 49 2.1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY					
LEADING TO DEATH	a: as oleratic Condin Vascular D: souse				
heart failure, asthenia, etc. It means the disease,					
injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED					
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20, AUTOPSY?				
198. MAJOR PINDINGS OF OFE	YES NO				
214 ACCIDENT WAS LINDED. 218. PLACE OF INJURY (6.8.					
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.					
210 ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?				
URY WHILE AT NOT WHILE					
m. WORK AT WORK	10				
22. I hereby certify that I attended the deceased from.	19 , 19 , to , 19 Sthat I last saw the				
	erred at 4:90 Pm., from the causes and on the date stated above.				
23A. SIGNATURE 2019	238. ADDRESS 239 DATE SIGNED				
Jary /// A Jermannam M. D.	2030 Harford Over, Sept. 16				
BURIAL, CREWA- 248. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
Burial Sept 28/53 Woodlawn	Wooddawn Md				
E RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
AL REGISTRAR	Secotion & Wannon MI-3818 Polant				
15) AREA TO THE THE METERS OF THE PARTY OF T	account di ho monno dono lotante				
VS 150	71.13				
D	uce				

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The	BI	RTH NO.	0100		OERTH TOXY		
	1. (T:	NAME OF DECEMPE or Print)	ASEDLEN	A n	TACOB:	50N	2. DATE OF DEATH
supplied.		PLACE OF DEATH Baltimore City,		1	,,,=00		SIDENCE (Where deceased B. COU
ins	В.	FULL NAME OF		ital or institut	tion, give street address o	hen	
J.		STITUTION	1916 -	10	location	c. CITY OR TO	WN (If outside corpor
	1	1 6/1	4/1/21	wroo	10 Noas	11/2	mpher
200					Yrs.	1	DRESS (If rural, give loca
be ca		Length of stay			JU Mapo	B. DATE OF BI	RTH 9. AGE (In
	E	unle	bute	Wille	E, MARRIED. VED/DIVORCED (Specify		Jast birth
learly ar	10 work	A. USUAL OCCUP don during most of worl	ing life, even fretice	of 10B. KINI	O OF BUSINESS OR INDUSTR		CE (State or foreign country
tion th	10	FATHER'S NAMI				14 MOTHER'S	MAIDEN NAME
information of death cl		loses	1/4	was		Moll	ie
of inforuses of d	15	. WAS DECEASED EX	ER IN U.S. ARM	ED FORCES?	16. SOCIAL	17 INFORMAN	IT /
item of in	(10	, no or unanown) (-	. Jos, Bivo war or de		SECURITY NO.	Max	Travas.
MAKGIN KESEKVED FOK UNFADING INK. Every iten Physicians: please write the co	RTIFICATION	(This does not heart failure, as injury or com ANT DISEASES OR RISE TO THE A UNDERLYING	R CONDITION ADDING TO DE mean the mode athenia, etc. It m plication which ECCEDENT CAI CONDITIONS, BOVE CAUSE (A CONDITION)	ATH of dying, e. eans the disea. caused death JSES IF ANY, GIVII AST. INS CONTRIBUTE OF THE CONTRIBUTE	(B) (B) (C) (C) (UTING	unstr	c c.v.ters
UNF	CEF	DISEASE OR CO	ATH BUT NOT	NG IT.			
H	AL	19a. DATE OF O	PERATION	WAS PERFO	ITION FOR WHICH C		CAUSE OF DEATH, PART I OR PART II
Y, WITH	TEDIC	21A. ACCIDENT OR CONTRIBUTI DEATH (NOTIFY	NG CAUSE	OF about	B. PLACE OF INJURY home, farm, factory, street, office	(e. g., in or 21C. W ehldg.,etc.)	HERE DID (If in Baltime Y OCCUR?
4 5	2	21D. TIME (Mon OF INJURY	th) (Day) (Yea	r) (Hour) m.	21E. INJURY OCCURF WHILE AT NOT WH WORK AT WO	ILE	OW DID INJURY OCCUP
WRITE PLAI e is especially		22. I hereby ce deceased alive	rtify that I a	ttended the	e deceased from 2	ept 5 , 1	953, to Sox 26 Cm., from the causes a
WRIT e is e		23A, SIGNATUR		rline	м. р.	238. ADDRESS 22/78	Porth Poo
西岛	TI	A. BURIAL, CREM M. REMOVAL (Speci	1A- 248 DATE (y) 9/27/	1953	24C. NAME OF CEMET		Memphis
LEAS	D	ATE RECEIVED B	Y REGISTRA	R'S SIGNAT	URE	25. FUNERAL	BIRECTOR

Registered No ...

				_	-	_	_
2	OF DEATH	9-	ス	6	-	5	3

township)

INTERVAL BETWEEN ONSET AND DEATH

fived. If institution: residence NTY before admission) ate limits, write RURAL and give

tion)

years | If Under | Year | If Under 24 Hours day) | Months Days | Hours Min. 12. CITIZEN OF WHAT COUNTRY

ADDRESS

LATED TO 20. AUTOPSY? NTER IN

YES _ ore City, give exact location)

_, 19 that I last saw the nd on the datc stated above. 23C. DATE SIGNED

BALTIMORE CITY HEALTH DEPARTMENT

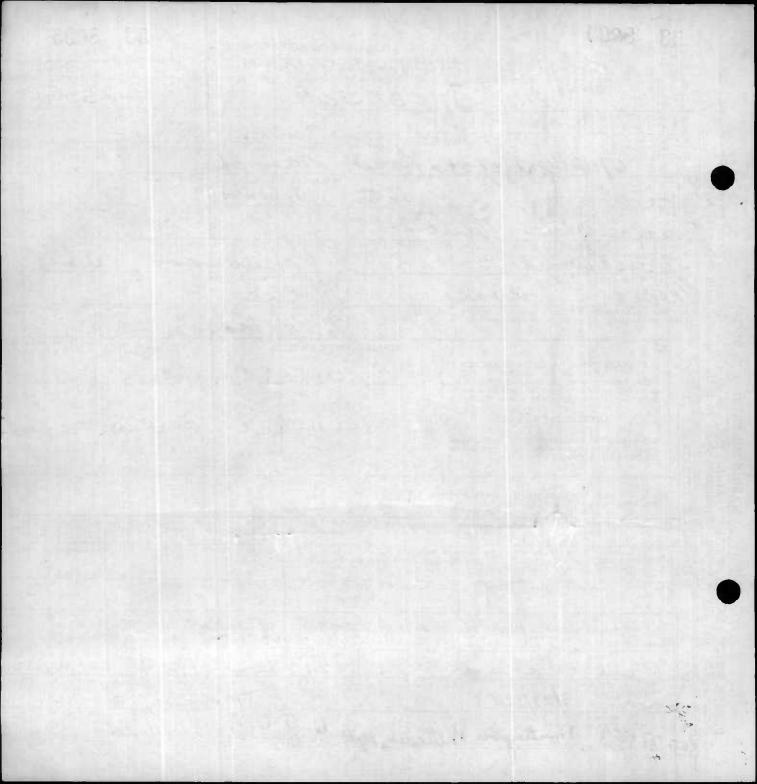
CERTIFICATE OF DEATH

ty, town, or county)

Jenn. ADDRESS

A Deuro Ine- 2100

53 8605



N-550 53 8606 BALTIMORE CITY HE CERTIFICATE	
or Print) Tur. Samuel Newman	2. DATE OF SEPT - 26-53
ACE OF DEATH: Iltimore City, Maryland Inin Plannik Hop. LL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived! If institution: residence A. STATE B. COUNTY before admission) 104 GREETS BRING MARKET ARTS. Pikesville
ITUTION NION MEMORIAL HOSpital	c. CITY OR TOWN / (If outside corporate limits, write RURAL and give township) Pikes ville 8, MA.
ngth of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
X 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Undor I Year Months Days Hours Min.
USUAL OCCUPATION (Give kind of los. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ENGLAND 12. CITIZEN OF WHAT COUNTRY
Juz- mark Tremmand	Trance (UNENOWN)
AS DECEASED EVER IN U. S. ARMED FORCES? or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Eva Vennan fame)
CAUSE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	of DEATH ALTERVAL BETWEEN ONSET AND DEATH ALTERVAL BETWEEN ONSET AND DEATH ALTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Antech	inclination reviewans than bours

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED ME (Month) (Day) (Year) (Hour) JRY NOT WHILE WHILE AT WORK

22. I hereby certify that I attended the deceased from

36 19 53, and that death occurred at deceased alive on 23A. SIGNATURE

BURIAL, CREMA-24B. DATE REMOVAL (Specify)

TE RECEIVED BY REGISTRAR'S STGNATURE CAL REGISTRAR

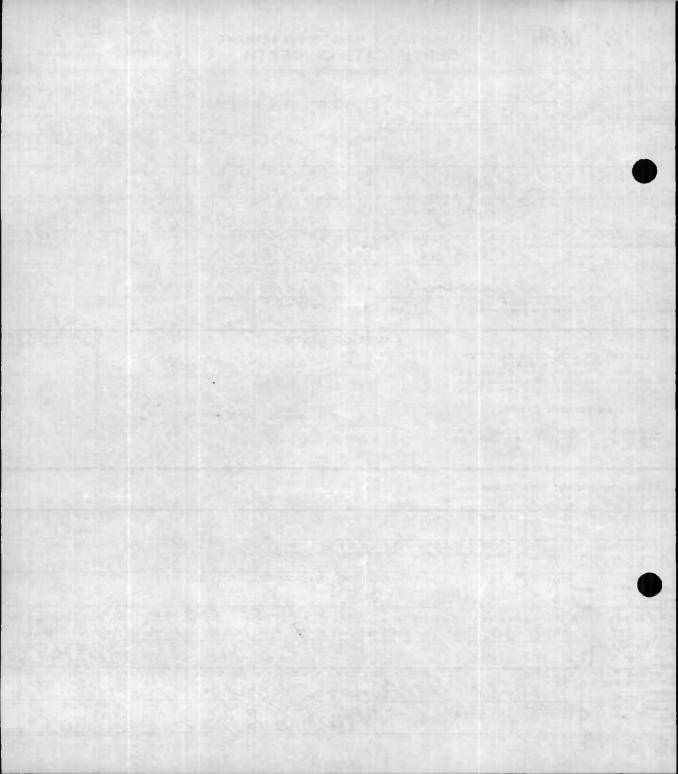
(If in Baltimore City, give exact location) 21c. WHERE DID

20. AUTOPSY?

ADDRESS

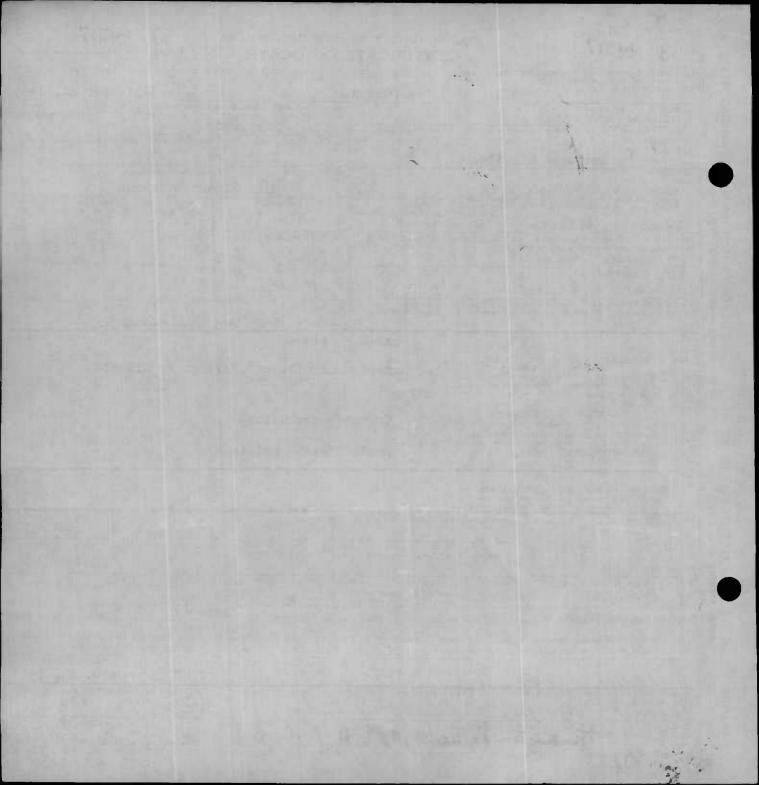
INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

26, 19 53 that I last saw the from the causes and on the date stated above. 23B. ADDRESS



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D.	6.1

1. NAME OF DECEASED			2. DATE				
(Type or Print) RUTH	JACOBSON		DEATH Septe	ember 24, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Whe					
FULL NAME OF (If not in hospital or institution, give	street address or	Maryland	5.000				
HOSPITAL OR NSTITUTION	location)		itside corporate limi	ts, write RURAL and gi			
Lutheran Hospital	Yrs.	Baltimore p. STREET ADDRESS (If ru	rel give location)	02			
Length of stay in Baltimore	Mos.		rado Avenue				
. SEX 6. COLOR OR RACE 7. SINGLE, MARR			ACE (In moral	# Hader 1 Very If theder 24 Ho			
Female White Marre		10-31-1904	last binthday) M	onths Days Hours Mi			
OA. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUrk done during most of working life, even if retired)	INDUSTRY	1. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTR			
House Wife	INDOOTH	Balto Mel.		WITAT COOKING			
3. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM	1E				
Jacob Francier		Madja					
5. (WAS DECEASED EVER IN U. S. ARMED FORCES? es. to or unknown) (If yes, give war or dates of service) SE	CURITY NO.	Benj. Jacobson.	- Pan	ADDRESS			
18. 4201	CAUSE O	F DEATH		INTERVAL BETWE			
DISEASE OR CONDITION DIRECTLY							
(This does not mean the mode of dying, e.g.,	(A) Arterios	clerotic cardiova	scular dise	ase			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	MEM						
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING	(B) Coronal	ry occlusion	,				
	iexas Acute a	pyelonephritis					
	(C) ACUVE	pycronophr r orb					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED							
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. MAJOR FINDI	NGS OF OPERAT	TION		20. AUTOPSY			
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.				YES X NO			
	INJURY (e. g., in o ry, street, office bldg., etc.		in Baltimore City,	give exact location)			
	JURY OCCURRED	21F. HOW DID INJURY	OCCUR?				
OF INJURY WHILE AT	NOT WHILE						
m. WORK AT WORK ALL WORK Autopsy thereon and from							
22. I certify that I took charge of the remain	Autopsy, Inspection or Inquiry						
		aring find that said done		no day stated do			
the evidence obtained by said Autorsy. In	aspection or Inc	quiry, find that said dece M, accident 🔲, suicide 🗀]. homicide [].	undetermined [].			
	aspection or Inc	☑, accident ☐, suicide ☐	AMINER 2 2	sc. DATE SIGNED			
the evidence obtained by said Autopsy, In and fleath in my opinion resulted from: n	nspection or Incatural causes (A, accident, suicide 238. CHIEF MEDICAL EX ASSISTANT MEDICAL EX MEDICAL INVESTIGATOR	AMINER 2 2	sc. date signed Sept. 25, 195			
the evidence obtained by said Autopsy, In and death in my opinion resulted from: n	nspection or Incatural causes (☑, accident ☐, suicide ☐ 23B. CHIEF MEDICAL EX ASSISTANT MEDICAL EX	AMINER 2 2	sc. date signed Sept. 25, 195			



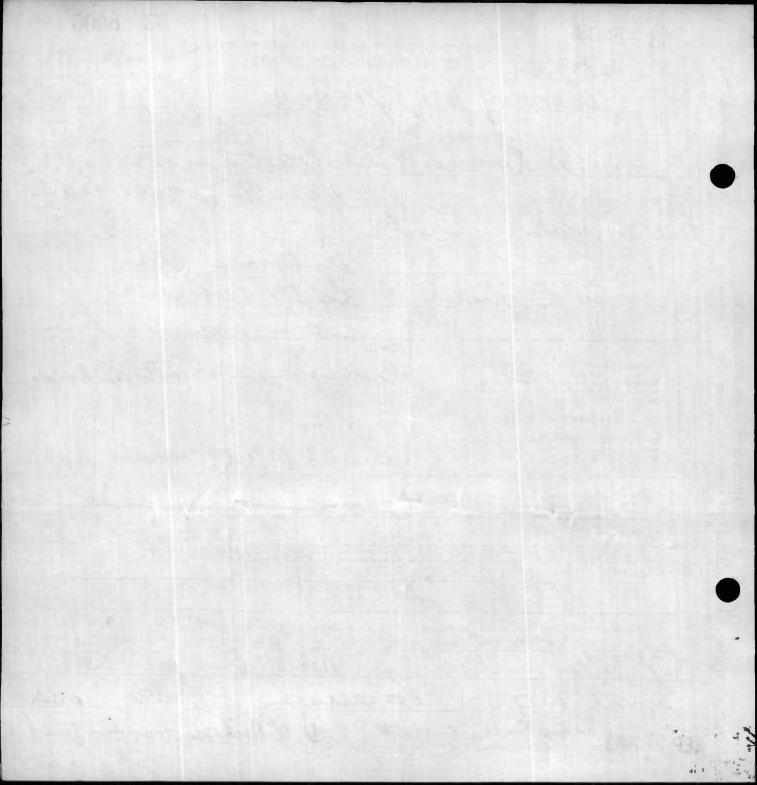
DATE RECEIVED BY

LOCAL REGISTRAR

VS

REGISTRAR'S

SIGNATURE



2-550₈₆₀₉

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8609

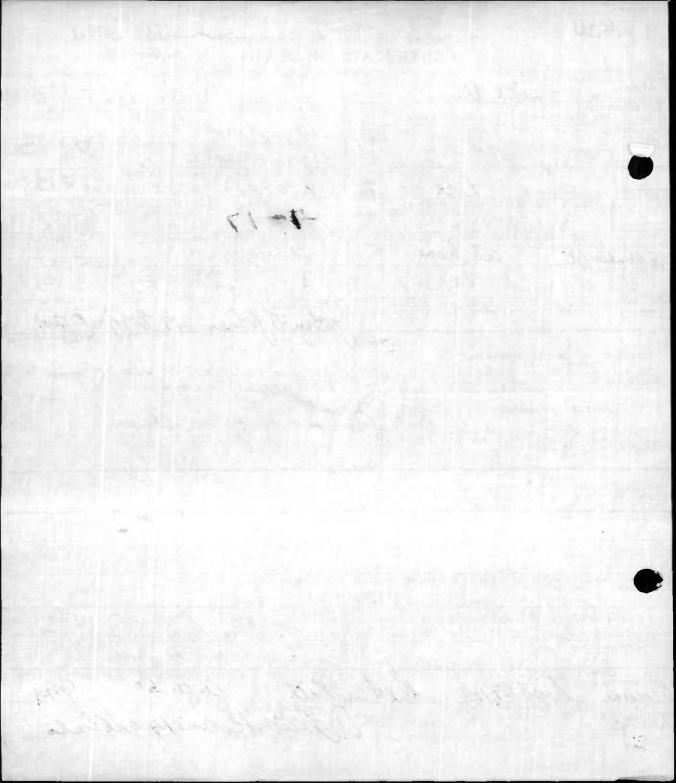
NAME OF DEC	BABY G	IR Clair	re Drum Geipe GE/PE			2. DATE OF DEATH	9/20	53	
	ty, Maryland	Hospil		4. USUAL RESID	ENCE (Wh	ere deceased l B. COU			esidence admission)
ULL NAME OF SPITAL OR TITUTION	F (If not in hospit		ion, give street address locatio	Bultin	ore	utside corpora	ate limits, w	rite RURA	L and give township)
Length of sta	y in Baltimore	1hr.	50 min . Mos Day	515 Q	0 1 2	iral, give local	P.A		
evale	White	WIDOW	E, MARRIED. ED, DIVORCED (Speci	9/26/53	Н	9. AGE (In y last birthd	ears If Unde lay) Month		Under 24 Hours ours Min.
. USUAL OCCI	UPATION (Give kind of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for	- 0	12	WHAT C	OF OUNTRY?
FATHER'S NA	norman &	Peipe		14. MOTHER'S MA	Green				
WAS DECEASED no or nnknown)	EVER IN U. S. ARMEI (1f yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Louise (G. Geip	ne 515	Old Or	RESS chard	Rd
(This does not heart failure injury or continuity or conti	OR CONDITION LEADING TO DEAT not mean the mode of the sathenia, etc. It mea omplication which of NTECEDENT CAUS OR CONDITIONS, II E ABOVE CAUSE (A) NG CONDITION LA	FH dying, e.g. ns the diseas aused death ES ANY, GIVING THATTING THAT	e, .) DUE TO			6 mos	.)	1 hr	So min
TRIBUTING 1	II GNIFICANT CONDI TO THE DEATH, BUT EASE OR CONDITION	NOT RELATE	o flon	e_					
19A. DATE OF	OPERATION 1	9B. MAJOR	FINDINGS OF OP	ERATION				20. AU	TOPSY?
	NT WAS UNDER- CONTRIBUTING		ACE OF INJURY (e. g arm, factory, street, office bld			in Baltimore	City, give	exact loc	atlon)
OF HAJURY	Ionth) (Day) (Year)		VHILE AT ORK	.E	YRULMI C	OCCUR?			
22. I hereby deceased aliv	certify that I att		000000000000000000000000000000000000000	1/26, 1953 urred at 11:35 pm	3, to ., from the	9/26 e causes an			
23A. SIGNATU		0 4	emeria M.D.	23B. ADDRESS	spital	0 -1			SIGNED
A. BURIAL CR N. REMOVAL (Spe Burial	248. DATE ecify) 9/28/5	3	24c. NAME OF CEMET Woodlawn	ERY OR CREMATORY		cation (Cit.			(State)
TE RECEIVED CAL REGISTR	BY REGISTRAR'	SSIGNATU	Williams, M	25. PUNERAL DIE	CONST	Son a	805 M.	Calu	etSt-
diameter .	and the later with the same								

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BALTIMORE CITY HEALTH DEPARTMENT

53 8610

	E OF DEATH Registered No.
H NO.	
AME OF DECEASED A Lice a. Sohnso	n 2. DATE. 0F 0F 0F 3.
ACE OF DEATH: altimore City, Maryland Balfi more	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
LL NAME OF (If not in hospital or institution, give street address or	
TITUTION Franklin Square Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and giv.
A Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Life Mos. Days	319, 2 Fost ave.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year Months: Days Hours Min.
USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
and using most of working life, even if retired) A majorine life, even if retired) A hand	
ATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marion Mitchell	AGnest Sass.
VAS DECEASED EVER IN U. S. ARMED FORCES? o or unknown) (If yes, give wer or dates of service) SECURITY NO.	TV. INFORMANT
	John Jonsen 3/9 6. 17 20 cler
B. 410X CAUSE	F DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1 1 1 21
(This does not mean the mode of dying, e.g., (A)	elimatic hast disease.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	on the luit ral stenon's
ANTECEDENT CAUSES	
	I mount falma
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST, (C)	Y
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
9A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bidg.	
CAUSE OF DEATH (Month) (Day) (Year) (Hour) 21E, INJURY OCCURF	ED 21F, HOW DID INJURY OCCUR?
JRY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from 7	123, 193, to 4/25, 1953 that I last saw th
deceased alive on 2/2. 19 and that death occu	
SA. SIGNATURE / Left mel M. D.	1) and I grave Hospital 23C. DATE SIGNED
BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETI	RY OF CREMATORY 24D. LOCATION (City town, or county) (State)
Beeres Leps 29,198 600 a	world and so my
E RECEIVED BY REGISTRAR & SIGNATURE	ADDRESS
21 1993 1 7 MAGES 4757	1 your ours 140 stracks

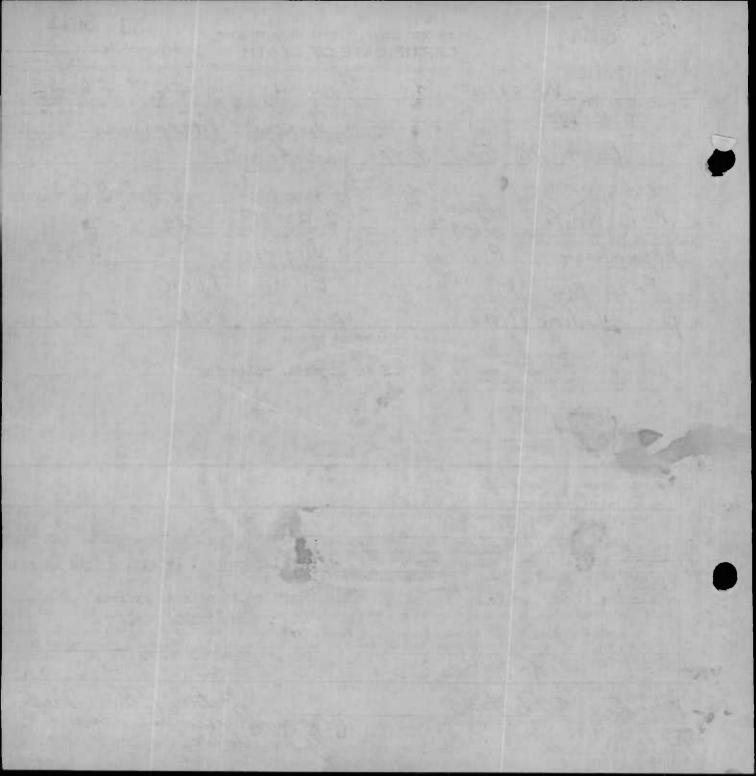


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BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO. CERTIFICAT	E OF DEATH Registered No.
1.	NAME OF DECEASED WARREN 6. 1	ROACH 2. DATE OF DEATH 9-26-53
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
H	OSPITAL OR	
	Moon Moon	D. STREET ADDRESS (If rural, give location)
-	Length of stay in Baltimore Days One of the color of RACE of Single, Married, Wildowed, Divorced (Specify Wildowed, Divorced (Specify Days)	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR k done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	BRICKMASON BUILDING	Virginia USA 14. MOTHER'S MAIDEN NAME
15	FREDERICK B. ROACH	EFFIE TUCK
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Mas Ollie Colbert Gretne VA
		OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	l hydrate poisoning
	injury or complication which caused death.) DUE TO	
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	
ATIC	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
CE	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB. UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (c. R., about home, farm, factory, atreet, office bldg., home	in or 21c. WHERE DID (If in Baltimore City, give exact location)
Z	Sept. 26, 1953 P. m. WHILE AT NOT WHILE AT WORK	
	22. I certify that I took charge of the remains described	
	the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Inquiry, find that said deceased died on the day stated above, as \square , accident \square , suicide \square , homicide \square , undetermined \square .
	23A. SIGNATURE ROSSISSAN N	238. CHIEF MEDICAL EXAMINER
2. Ti	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETION REMOVAL (Specify)	ERY OR CREMATORY 240 OCATION (City town or county) (State)
0	ATE RECEIVED BY REGISTRAR'S SIGNATURE	Eller the fine
V	S 151 N974.0 504 3	24

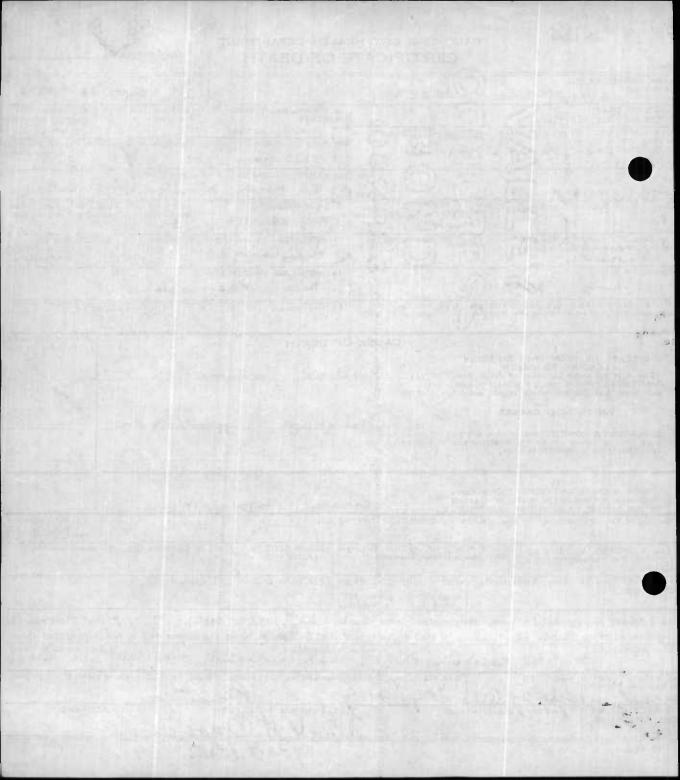


W-1 60 8612

53 8012

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH AME OF DECEASED 2. DATE e or Print) JANINA Jenne WEBER DEATH LACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence altimore City, Maryland A. STATE B. COUNTY before admission) ULL NAME OF (If not in hospital or institution, give street address or Maryland location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give TITUTION UNION Memorial Hospital. township) Raltymore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Nonth Bradford ength of stay in Baltimore Days 9. AGE (In years, 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Undar 1 Year If Undar 24 Hours last birthday) Months: Days Hours Min. Aug. 28 1914 Married 39 USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF one during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Mary Land America Housewife FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ludwa BARAN Kazmersku. WAS DECEASED EVER IN U.S. ARMED FORCES? no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED ME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? WHILE AT 22. I hereby certify that I attended the deceased from Sept. 23 , 1953, to Sept. 26 , 1953, that I last saw the deceased alive on Sept. 25, 1953, and that death occurred at 3.15 c. m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE Hospial. Union Memorial Sept. 264 53 Rawson. 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) A. BURIAL, CREMA- 248. DATE N. REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS TE RECEIVED BY REGISTRAR'S AL REGISTRAR

VS 150



NAME OF DECEASED be or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere 33. 8613

AME OF DECEASED e or Print) 9 da Hanne Smith	2. DATE OF SLOT. 27-1953
ACE OF DEATH: altimore City, Maryland Balto, City	4. USUAL RESIDENCE (Where deceased livet. If institution: residence A. STATE B. COUNTY before admission
JLL NAME OF (If not in hospital or institution, give street (diress or PITAL OR	mol.
633 &ti anno are	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township
Yrs.	D. STREET ADDRESS (If ruya, give location)
ength of stay in Baltimore Mos. Days	633 St, ann's are
6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year Indee 1 Year Indee 1 Year Indee 24 Hours Min.
USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
meducing most of working life, exen if retired) INDUSTRY	Jennesel WHAT COUNTRY
TATHER'S NAME	14. MOTHER'S MAIDEN NAME
Columbus Belcher	Dona Van Sainte
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
SAUGE (JARMA WASRILWIN 2406 FAIT (W.C.
DISEASE OR CONDITION DIRECTLY	OF DEATH
(This does not mean the mode of dying, e.g.,	eraleyed Corcinamalous 1 2/2,
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES Garcinos	ma, cervix
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NDT RELATED	
9A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
on sales of section of	YES ND Z
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., iz about home, farm, fectory, etreet, office bldg., e	
ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED URY	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from Qu	
deceased alive on 2 2 19 2 and that death occur	Tied at a.m., from the causes and on the date stated above
J. Kail & Jessman M. D.	1212 M. Kattersen / 6 , 9/27/5
BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY DR CREMATORY 24D. LOCATION (City, town, or county) (State)
moval Sept 27-53 E RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
AL REGISTRARY & the Williams My	Was & Frankrushi 2007 Easter
VS 150	On On

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See query reply in Document file

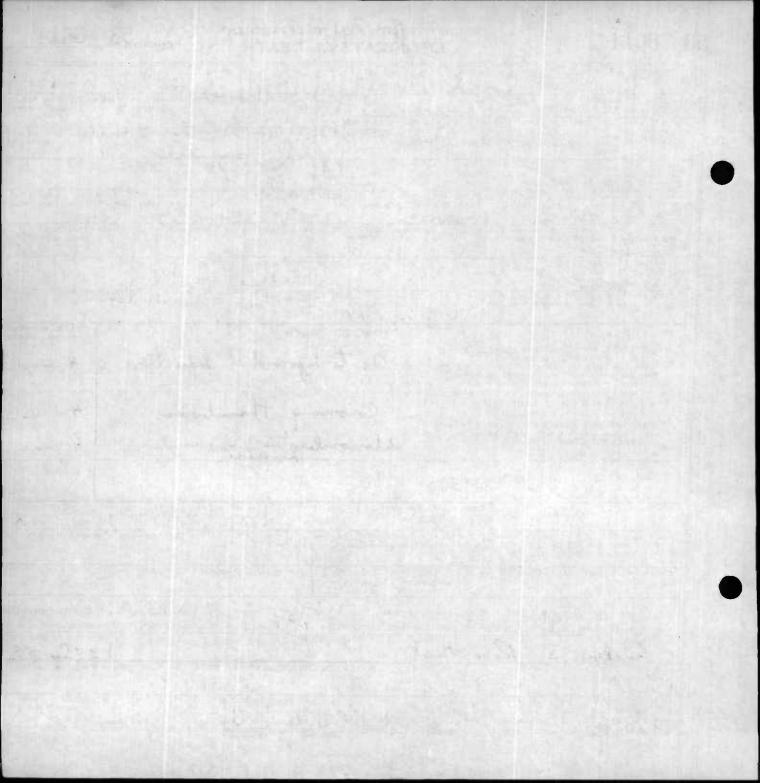
Registered 1 DEATH 4. USUAL RESIDENCE (Where deceased lived of institution: residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give E Boder 1 Year If Under 24 Hours 9. AGE (in years) last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? HOPKINS HOADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY1 IF OPERATION WAS RELATED TO NO X VES 21c. WHERE DID (If in Baltimore City, give exact location) 19 Sthat I last saw the

LOCAL REGISTRAR

VS 150

ADDRESS

RESERVED MARGIN



N	1-343	BALTIMORE CI		TH DEPARTM	*	gistered No.	861	5
B 1. (T	NAME OF DECEASED (Type or Print) Middle	eton, Mrs. Jessi	-17		2. DATE OF DEAT	0/00	/53	
Α,	Baltimore City, Maryland	al or institution, give street a	4. A.	. USUAL RESIDER STATE	NCE (Where decease		tution : reside before adm	
H	OSPITAL OR		ocation) C.	CITY OR TOWN Baltimore	#29	15 wr		nd giv
	Length of stay in Baltimore	22 yrs.	Mos. Days	3383 Dular	ney St.			AT W
	SEX 6. COLOR OR RACE	7. SINGLE. MARRIED, WIDOWED, DIVORCED Married	(Specify)	/13/05	48	rthday) Months	Days Hours	
wor	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) Housewife		DUSTRY	Md.		(12.	WHAT CON	
	HERDERT W	VATSON			an Ken			
(Ye	5. WAS DECEASED EVER IN U. S. ARME on, no or put nown) (If yes, give war or date Unknown)		VNO	St. Agnes I	dospital Re	cords		
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It meaningury or complication which	DIRECTLY TH of dying, e. g., (A)	Myoca	rdial w	Paretin	, a ente	S C	
CATION	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L/	SES (B) IF ANY, GIVING STATING THE DUE TO	Coroni	my occlu	usion			
ERTIFIC	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING	RELATED TO THE		9				
CALC	19A. DATE OF OPERATION	19B. CONDITION FOR WI WAS PERFORMED		C/ P/	OPERATION WAS AUSE OF DEATH, ART I OR PART I	ENTER IN		10
EDI	OR CONTRIBUTING CAUSE OF	F about home, farm, factor y,	JURY (e. g., treet, office bldg	in or 21c. WHERI .,etc.) INJURY OC	E DID (If in Balt CUR?	imore City, give	e exact locati	on)
M	21D. TIME (Month) (Day) (Year OF INJURY) (Hour) 21E. INJURY C	CCURRED NOT WHILE	21F. HOW D	OID INJURY OCC	UR7		
	22. I hereby certify that I at deceased alive on 9-27	tended the deceased fro , 19 ⁵ 3, and that dea	m 9-3		to 9-27 from the causes	19 53 , to	hat I last so late stated	aw tl
	23A. SIGNATURE Romald A.	Wolfel	23в. м. р.	ST. Ag	ene Hosp	ital 2	9-27-5	IGNEI
T		- 1	N Tr	OR CREMATORY	BALTI		MAKYLA DRESS	State 4×5
	SFP 28 1953 H	to William	A.M.C	cokye L.	Jehwab.	2101 MR	derick	Au
	V3 150	7	200	PA				

Lorge Dichwale.

BALTIMORE CITY HEALTH DEPARTMENT

J.	XE'IE	TICATE OF DEATH Registered No. 861
BI	RTH NO.	ICATE OF DEATH Registered No.
	NAME OF DECEASED Mary E. Bailey	2. DATE OF Sept. 26, 195
3.	PLACE OF DEATH:	I 4. USUAL RESIDENCE (Where deceased lived, If institution: res
Α.	Baltimore City, Maryland	A. STATE B. COUNTY before n
	FULL NAME OF (If not in hospital or institution, give street DSPITAL OR	address or location) C. CITY OR TOWN (If outside corporate limits, write limits)
IN	STITUTION 2139 Mt.Holly St.	Baltimore 5
-07		3Yrs. D. STREET ADDRESS (If rural, give location)
_	Length of stay in Baltimore	Mos. Days 2139 Mt. Holly St.
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years II Under I Year II U
F	emale White Single	(Specify) May 29,1871 last birthday) Months Days Hou
	A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINE	SS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN
e l	gistered Nurse Nursing	NDUSTRY Md. WHAT CO
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Benjamin Bailey	Grace Fleming
15 (Ye	was Deceased Ever IN U.S. ARMED FORCES? 16. SOCIAL no or unknown) (If yes, give war or dates of service) SECUR	TY NO. 17, INFORMANT ADDRESS
	no	Susie B. Jones 2139 Mt. Holly St
	ANTECEDENT CAUSES	
LION	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	arteriorderosis, general 10,
CA	DISEASES OR CONDITIONS, IF ANY, GIVING	
ERTIFICA	(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
L CERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Sendity WHICH OPERATION WAS RELATED TO 20. AUTO CAUSE OF DEATH, ENTER IN PART I OR PART II OR PART II
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EDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK WORK IT WOR	NHICH OPERATION IF OPERATION WAS RELATED TO CAUSE OF OEATH, ENTER IN YES INJURY (e.g., in or y,street,office bldg,etc.) OCCURRED 21F. HOW DID INJURY OCCUR?
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MEDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF ebout home, farm, factor OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased for deceased alive on Was SIGNATURE 4A. BURIAL, CREMA- 24B. DATE 24C. NAME CONDERNOVAL (Specify)	NHICH OPERATION IF OPERATION WAS RELATED TO CAUSE OF OCATH, ENTER IN PART I OR PART II OF PART II

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH TH NO NAME OF DECEASED 2. DATE e or Print) SUE Susanna Markiewicz DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence LACE OF DEATH: Saltimore City, Maryland A. STATE before admission) ULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location) (If outside corporate limits write RURAL and give C. CITY OR TOWN TITUTION township) ALT IMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. Warlen ave. ength of stay in Baltimore Life Days AGE (In years | If Under | Year | II Under 24 Hours last birthday) | Months | Days | Hours | Min. 6. COLOR OF RACE SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) MAR. DEDARATED May 1901 -USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF one during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MARULAND NAITRESS Bonds Restaurant ATHER'S NAME Mateusz Przybyszews ary Januchowski RICE WAS DECEASED EVER IN U. S. ARMED FORCES? no or nnknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS no or nnknown) 1602 SECURITY NO Markiewicz Son 20-22-2758 Darley Ave INTERVAL BETWEEN CAUSE OF DEATH 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OR ASST MEDICAL EXAMINER OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF 20. AUTOPSY 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or Ic. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 1602 Parley Ave (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY 1953 to 19 13, that I last saw the

from the causes and on the date stated above.

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19 3. and that death occurred at_ deceased alive on 9125 23A. SIGNATURE

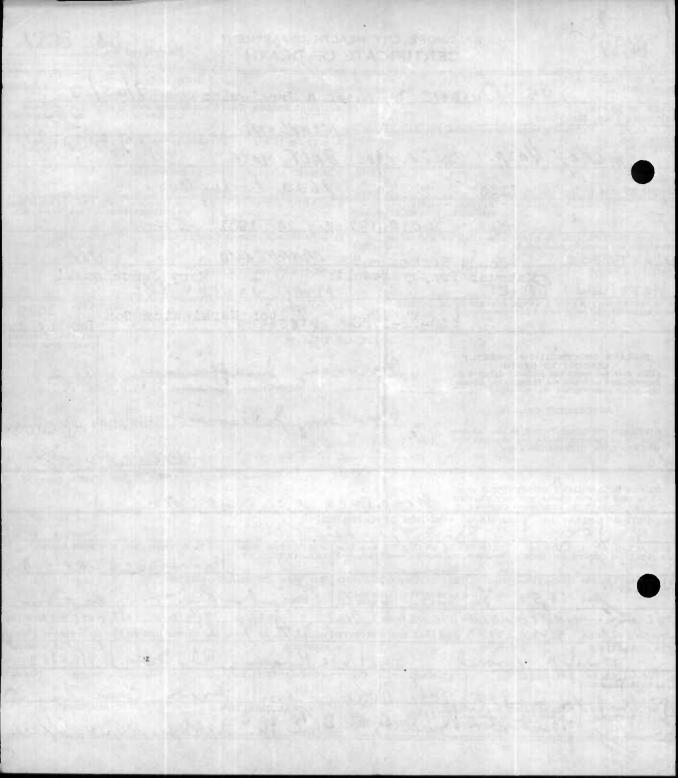
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BURIAL	CREMA	24B.	DAT

23c. DATE SIGNED

E RECEIVED BY

ADDRESS UNERAL DIRECTOR

VS 150



1A-120

VS 150

3	8618		CERTIFI		OF DEAT		Register	ed No	8618
1. (T	NAME OF DE		Martien Apsey				2. DATE OF DEATH	ept. 2	5. 1953
B. HC	PLACE OF DE Baltimore C FULL NAME OF SPITAL OR STITUTION	ity, Maryland Me		Aves A	. USUAL RESIDENT AND A MODEL OF TOWN Baltimor	N (If o	here deceased live B. COUNT outside cornorate	d. If institu	tion : residence before admiss
C.	Length of st	ay in Baltimore	70 yrs.	Yrs. D Mos. Days		RESS (lf r	ural, gi je ločatio	n)	
	sex Female	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCEI WIDOW	(Specify) 8	DATE OF BIR	гн	9. AGE (in year	ms If Under 1 Months I	Year If Under 24 Days Hours A
worl	done during most o	CUPATION (Give kind of I working life, oven if rotized) Che Organist AME	108. KIND OF BUSINES IN	DUSTRY	Balto. Balto.	Co. Md.		W	ITIZEN OF VHAT COUNT
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CEF	DISEASE O			HICH OPER	ATION	CAUSE OF	ION WAS RELAT	ER IN	O. AUTOPSY
EDICAL	OR CONTRIE	NT WAS UNDERLY! UTING☐ CAUSE OF	about home, farm, factory,	NJURY (e. g.	, in or 21c. WH r.,etc.) 21c. WH	ERE DID (R PART II If in Baltimore		exact location)
Σ	21D. TIME (OF INJURY	Month) (Day) (Year)	(Hour) 21E. INJURY (WHILE AT WORK	NOT WHILE	21F. HOV	ראו פום א	URY OCCUR?		
	22. I hereb	we certify that I at	tended the deceased fro 5, 1953, and that dec	th occurre	d at 9:50 A	40to_c	Sept 25, ne causes and	1953, the	it I last saw te stated ab
	23A, SIGNA		Books ms	238	. ADDRESS			23	A. DATE SIGN
-	A. BURIAL. (S	REMA: 24B, DATE	7001		818 St. P		CATION (City,	104	fnty) (St

ADDRESS 1210 Stevenson INTERVAL THETWEEN 20. AUTOPSY? LATED TO NTER IN NO re City, give exact location) 1, 1953, that I last saw the nd on the date stated above. 23 . DATE SIGNED ty, town, or county) Maryland ADDRESS Joan C. Mitchell & Sons Inc. 1900 Eutaw Place

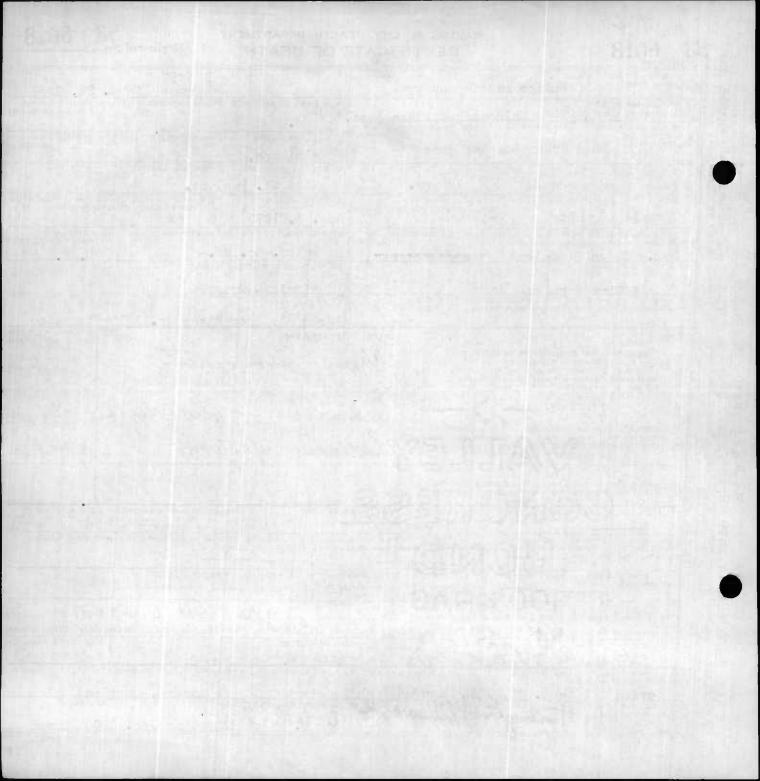
before admission)

township)

write RURAL and give

Months Days Hours Min.

12. CITIZEN OF WHAT COUNTRY?



2. DATE OF DEATH Sept. 25, 1953 E (Where deceased lived. If institution: residence B. COUNTY effore admissi (If outside forparate limits, write RURAL and a townsh (If rural, give location) St. 9. AGE (In years fi Under 1 Year fi Under 24 Hours Months: Days Hours Months:
(If outside forperate limits, write RURAL and a township last birthday) 9. AGE (In years last birthday) 92 For foreign country) 12. CITIZEN OF
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Ste 9. AGE (In years of Under 1 Year of Under 24 Hours of Months Days of of Months Day
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PERATION WAS RELATED TO 20. AUTOPSY? SE OF DEATH, ENTER IN YES NO
DID (If in Baltimore City, give exact location) JR?
NJURY OCCUR?
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Baltimore, Md. TOR ADDRESS 1900 Eutaw Place

before admission)

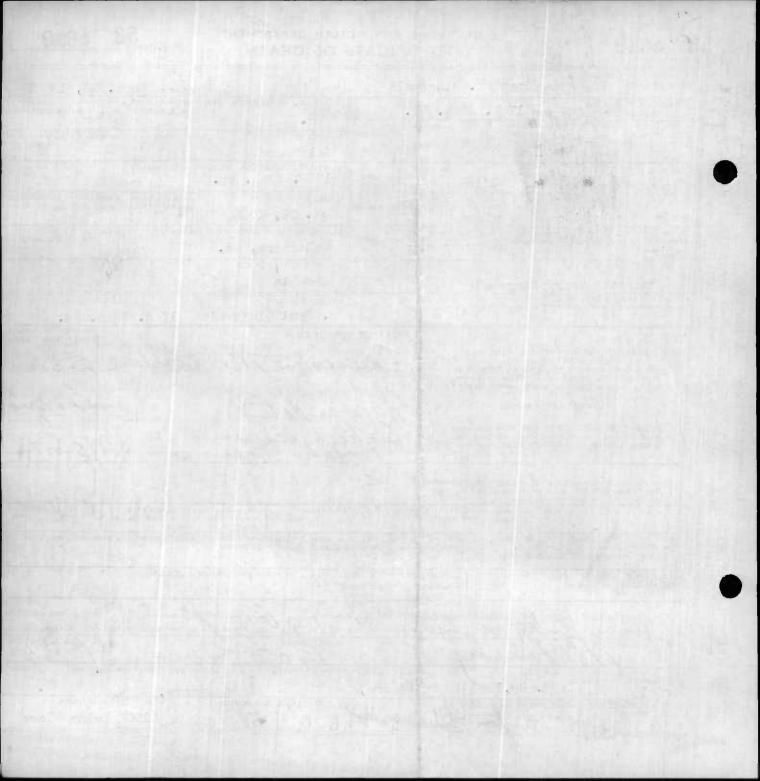
limits, write RURAL and give township)

Months Days Hours Min.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

I that I last saw the on the date stated above. 23c. DATE SIGNED



4-620

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8620

TH NO.					
	s, Lewis	AN E.		DEMILI	27/53
LACE OF DEATH: altimore City, Maryland			4. USUAL RESIDENCE (W	B. COUNTY	institution: residence be ore dmission)
ULL NAME OF (If not in hospital or institution, give street address or USPHS Hosp. Balto.Md. location)			C. CITY OR TOWN (If		s, write RURAL and give township)
Wyrean Park Dr. & 3	kst ST		Balto.MD	1/	www.
ength of stay in Baltimore		Life Yrs. Mos. Days	o. street address (If a		,Md.
EX 6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Under 1 Year If Under 24 Hours onths Days Hours Min.
M W	M		9/30/94	58	
USUAL OCCUPATION (Give kind of one during most of working life, even if retired Bartender	of IOB. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
George Harris			Hoover, Carol	ine	
WAS DECEASED EVER IN U. S. ARM 10 or nuknown) (If yes, give war or da Yes WW I	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records USPHS		DDRESS Md.
DISEASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CALL DISEASES OR CONDITIONS, RISE TO THE ABDVE CAUSE (A UNDERLYING CONDITION 1	ATH of dying, e.g. ans the diseas caused death USES IF ANY, GIVIN) STATING TE	e, (A) Pulmo e, DUE TD Old	onary Congestion & Healed Anteroapic infare teriosclerotic Hea	al Myocardia tion rt Disease	
OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATE	.D			
9A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		f in Baltimore City,	give exact location)
ME (Month) (Day) (Year URY		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
22. I hereby certify that I a			9/27/ 19 53 to 9/3	27/53 .19	_, that I last saw the
deceased alive on 127/5	3,19/,	and that death occur			he date stated above.
J.A. Hunter Clinic	al office		USPHS Hosp Balto.		9/28/53
BURIAL CREWA 24B. DATE REMOVAL (Specify)	153	It Maria	RY OR CREMATORY 24D. LC	OCATION (City, town	, or county) (State)
AL REGISTRAR	Ton A	Minutes My	25. FUNERAL DIRECTOR	3615-17	heatunt five
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BALTIMORE CITY HEALTH DEPARTMENT

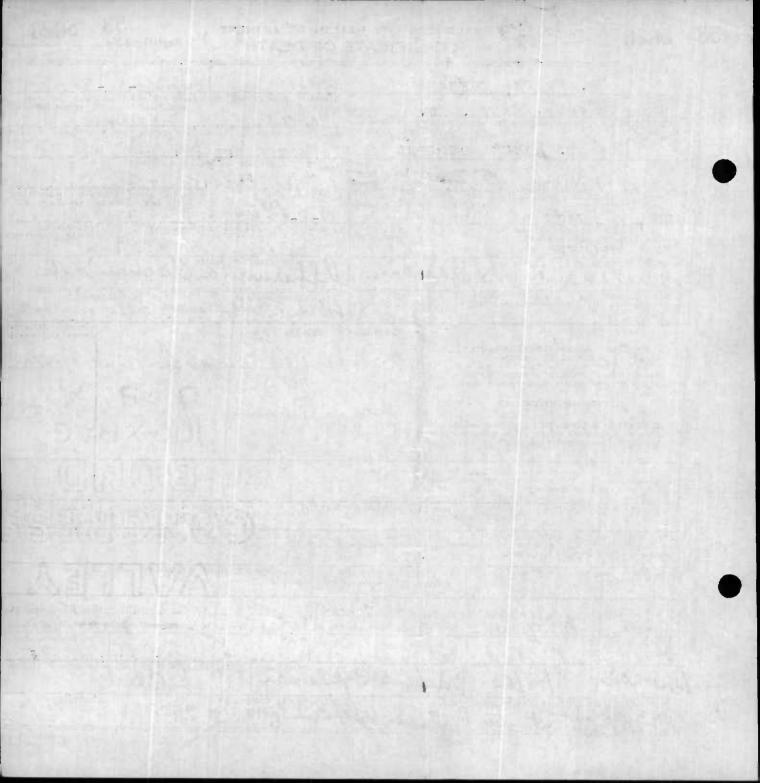
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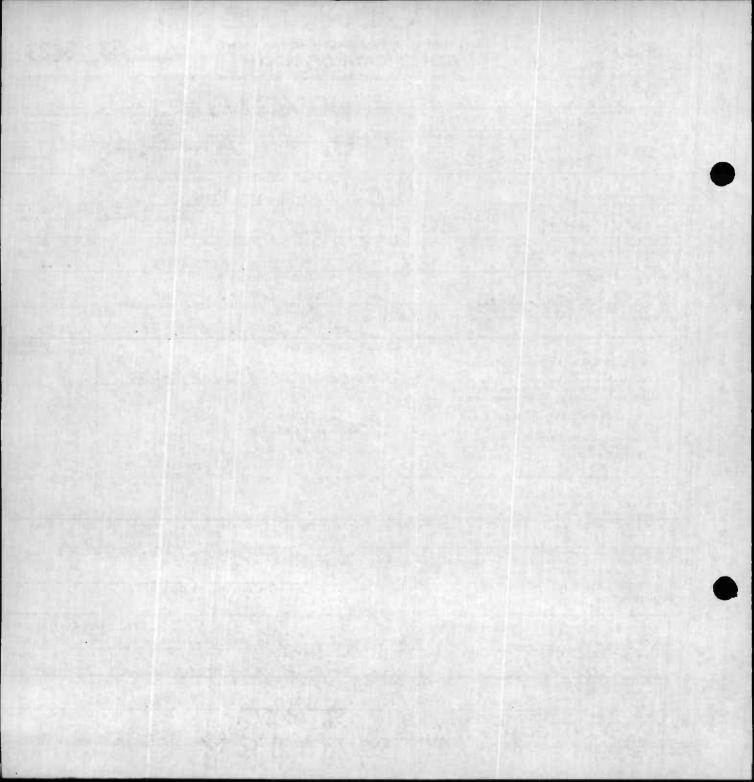
DE	RTH NO.	2		CERTIFICATI	E OF DEA	TH	Kegistered	No	
1. (T	NAME OF D	eceased Henry	Joseph	Simpson			2. DATE OF 9-24 DEATH	-1953	10283
A.	PLACE OF D Baltimore (City, Maryland	l an in atitue		A. STATE		ere deceased lived, B. COUNTY	If institut	on: residence efore admission)
B. HO IN	OSPITAL OR	Baltimore Ci 4940 Eastern	ty Hos	ion, give street address or pitals location)	Baltimor	WN (If or	itside corporato lin	nita, write I	RURAL and give township)
c.	Length of s	tay in Baltimore	10 ;	Yrs. Mos. Days	536 North		ral, give location) treet #1		
	ale	6.COLOR OR RACE		E. MARRIED.	7-19-191		9. AGE (In years last birthday)	if Under I Yea Months Da	Hours Min.
		CUPATION (Give kind of of yorking life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC		eign country)		TIZEN OF HAT COUNTRY?
13	13. FATHER'S NAME Edward Simpson (dec.)			14. MOTHER'S Emma W	MAIDEN NAM	AE.		/	
15 (Ye	s, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or dated	FORCES7 of service)	16. SOCIAL SECURITY NO.	17. INFORMAN' B.C.H. 4		ern Ave. (ADDRESS	V
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH (A) PROUMONIA, five lobes (A) ANTECEDENT CAUSES								
FICATION	Dean January 1								
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE								
	19A. DATE C		AS PERFO			PART I OR		IN YES	AUTOPSY?
MEDICAL	OR CONTRI	ENT WAS UNDERLYIBUTING CAUSE OF	about	PLACE OF INJURY (home, farm, factory, etreet, office		HERE DID (II	in Baltimore Ci	ty, give ex	act location)
	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OF INJ								
	22. I hereby certify that I attended the deceased from 9 = 20 = , 19 53 to 9 = 24 = , 19 53 hat I last saw the deceased alive on 9-24 = , 19 53, and that death occurred at 2:40 Am., from the causes and on the date stated above.								
	23a. SIGNATURE, 23b. ADDRESS 23c. DATE SIGNED 9-24-1953								
2. TI	AA. BURIAL, ON, REMOVAL (S	pecify) a 26	53	artitus	Men. Park	RY 240. LO	CATION (City, tov	on, or count	Mol.
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The	BI	RTH NO.			CERTIFICA	TE OF	DEATH	Registered	No	
		NAME OF D		Z WEDE	MAN			2. DATE OF DEATH 9=	25-5	3
ully supplied.		PLACE OF DE Baltimore C		5	M_D	A. STATI	E	Where deceased lived.	If institut	ion : residence before admission)
ns A	H	FULL NAME OSPITAL OR STITUTION	OF (If not in hos	spital or institut	tion, give street address location		OR TOWN (If outside corporate lin		
full.	1	0	Sr. Ac	NES Ho	SPITAL	HA	I.THORP	F. 27. f rural, give location)		township)
0.0	c.	Length of s	tay in Baltimore	52	2 Mo	57	000 T	NOTS AVE	53	00
should be	3.0	SEX A L E	6. COLOR OR RAG	WIDOV	E. MARRIED, VED, DIVORCED (Spec CRIED		1900	9. AGE (In years last birthday)	If Under 1 Ye Months D	ays Hours Min.
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GIN	U		11		(C)					
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bod	LC		FOPERATION		ITION FOR WHICH	OPERATION	CAUSE	ATION WAS RELATED OF DEATH, ENTER OR PART II		AUTOPSY?
LY, WITH	EDICA	OR CONTRIB	ENT WAS UNDER	OF about	B. PLACE OF INJURY home, farm, factory, street, o			(If in Baltimore Cit		
ally impo	Σ	21D. TIME (OF INJURY	Month) (Day) (Ye	ear) (Hour)		RRED :	21F. HOW DID II	NJURY OCCUR?		
PL,				attended the	account from	10/13	33, 19, to			I last saw the
S esi		deceased a		3, 19,	and that death oc	curred at 23B. ADDF	==_m., jrom	the causes and on		PATE SIGNED
PLEASE WRITE PI	-	A BURIAL	REMA- 208. DAT	1 edd	24g. NAME OF CEME	TERY OR CR	EMATORY 240.	LOCATION (City, to	vn, er cou	(State)
ASE ect a	1	S. BURIAL	pocify) 4/26	/13	Meadan	Pille	mely W	ash Blu	d	
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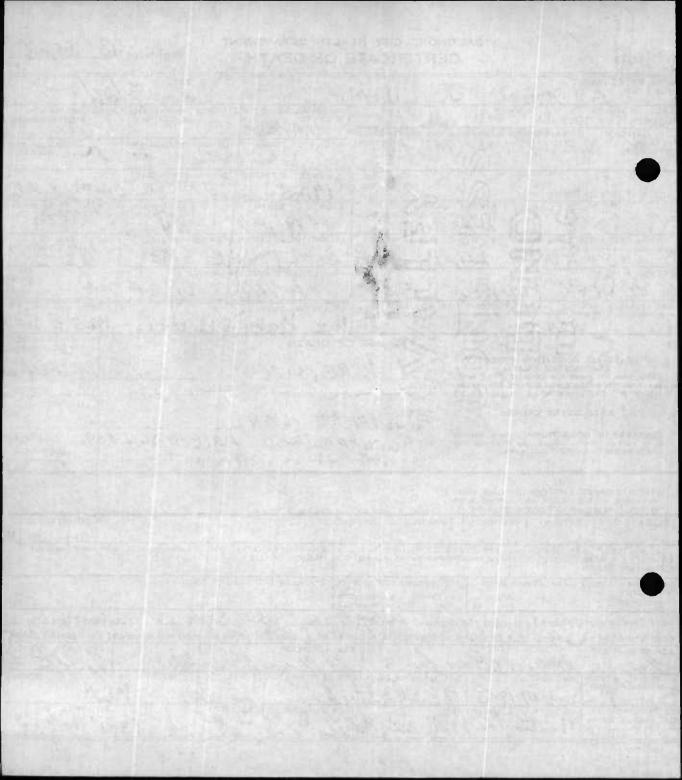
DREW

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53

2. DATE OF DEATH

	DEATH / JUST / J
Baltimpre City, Maryland MERCY HOSPITAL	4. USUAL RESIDENCE (Where deceased lived If institution; residence A. STATE B. COUNTY before admission)
ULL NAME OF (If not in hospital or institution, give street address or SPITAL OR LOCATION)	MARYLAND
TITUTION MERCY HOSPITAL, INC.	C. CITY OR TOWN (If outside corporated imits with RURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days	1925 E, 31 - 31- BACTOLININD,
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years If Under I Year If Under I Year In Under I Y
MARRISO MARRISO	9/19/29 64
USUAL OCCUPATION (Givekinded) 10B. KIND OF BUSINESS OR INDUSTRY	11. WIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	BALTIMORE -Md USM
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HNOREM LUDWIG	ANNA GRAFTON
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS ST
YES WWI	Mrs Mary D. Ludwig - 1925 E 31=
18. 446 x CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DE ALLA
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	REMIA 2 weeks
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	e otrole la si
	FRIENSION
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO GENIS	RALIZED ARTERIOSCHEROSIK Sevent
(c)	PHROSCLEROSIS GEORGE
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	
21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, et	
21 ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
OF JURY WHILE AT NOT WHILE	7
m. WORK L AT WORK L	1, % 63 (2 + 2) 63
22. I hereby certify that I attended the deceased from	t 16 ,1953 to Sept 26, 1953 hat I last saw the
deceased alive on Sept 26, 1953 and that death occur	red at 1.154m., from the causes and on the date stated above.
Searce Hony Beck M.O.	Mercy toxulat 9/26/53
A. BURIAL TREMA- 4B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 246 LOCATION (City, town, or founty) (State)
1 1 20 10/2	1. 112 - 114 - 10. 11
Durial Dept 29-19-13 / New Lath	etral Salto M
Tunial Up 29-19-3 New Catherine Cal Registrar's Signature	25 FUNERAL DIRECTOR ADDRESS ADDRESS
THE RECEIVED BY REGISTRAR'S SIGNATURE FD 281053 Huntington Williams My	25. FUNERAL DIRECTOR SON Haufred
THE RECEIVED BY INGUISTRAR'S SIGNATURE	TO SE ON IN TO



,	/	K-500 BALTIMORE CITY H	EALTH DEPART	MENT 59	9000
She 2	BI	RT SN27 CERTIFICAT	E OF DEAT	H Registered No.	0561
4		NAME OF DECEASED William Kee	Ne	2. DATE SEP 1	25 1953
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland () Lev 2 FULL NAME OF (If not in hospital or institution, give street address or	A. STATE	ENCE (Where deceased lived, If inst	itution: residence before admission)
ılly	H	JOHNS HOPKINS HOSPITA Tocation	C. CITY OR TOWN	(If outside corporate limits, w	rita DORAL and give township)
riding of the state of the stat	3	Length of stay in Baltimore 40 Mos. Days	D. STREET ADDR	ESS (If rural, give location)	2+
d be	-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTI	H 9. AGE (In years li Und last birthday) Month	or I Year If Under 24 Hours a Days Hours Min.
shoul	10 work	A. USUAL OCCUPATION (Give kind of 108. KIND OF SUSINESS OR INDUSTRY		State or foreign country) 12	CITIZEN OF
ation th cle	13	FATHER'S NAME	14. MOTHER'S MA	AIDEN NAME	l. S. U.
NDING information s of death cle		MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANTS	o Maroke	RESS
R BINDIN em of infor causes of d	(Ye	s, no or uaknown) (If yes, give war or dates of service) SECURITY NO.	OF DEATH	HOPKINS HOSPITAL ADD	INTERVAL BETWEEN
FOR item		of lung	6 WED		
_ 27		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			6 pages,
RESERVED INK. Even please write	Z				
7714	ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)			
MARGIN NFADINC hysicians:	TIFIC	OTHER SIGNIFICANT CONOITIONS CONTRIBUTING			
MA UNF Physi	CER	TO THE DEATH BUT NOT RELATED TO THE		IF OPERATION WAS RELATED TO	20. AUTOPSY?
WITH rtant.	CAL	WAS PERFORMED		CAUSE OF DEATH, ENTER IN	YES NO
DEATH (NOTIFY MEDICAL EXAMINER)					
A A		210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WH MORK AT WOI	ILE	DID INJURY OCCUR?	
E PL.	Ė	22. I hereby certify that I attended the deceased from 9 deceases after on 9-25-1953, and that death occur		3_{to} $9-25-$, 1953_{t}	hat I last saw the
PLEASE WRITE P.			OD- ADDDECC		9. 76.53
SE v	24	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY	240. LOCATION (City, town, or	County) (State)
PLEA	DL	ATE RECEIVED BY REGISTRAR'S SIGNATURE DCAL REGISTRAR	26. FUNERAL DIE	RECTOR HO. DOLLA	DDRESS)
	15	- 10 193 - Town W. I was 1824 M. M.	1/Uses. VINON	in allow when	

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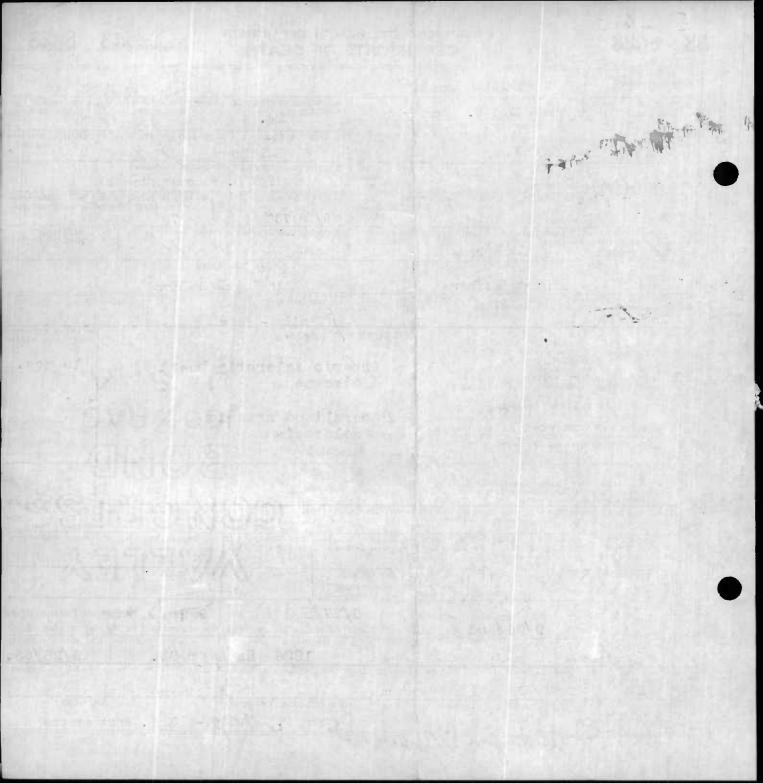
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BALTIMORE CITY HEALTH DEPARTMENT

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egistered No	OFFICE

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13	8628			CERTIFICATI	E OF DEA	TH	Registered No.	0560
	TH NO.							
	IAME OF DECEA		RICKA E	CKHARDT			OF 9/25/	
а. В	LACE OF DEATH Saltimore City,	Maryland I'			A. STATE		deceased lived, If inst B. COUNTY	before admission
HOS	ULL NAME OF SPITAL OR TITUTION	(if not in nospite	ai or institut	ion, give street address or iocation)	c. CITY OR TO	wn (If outside	de corporate limits,	rite RURAL and give township
0	<u> </u>			Yrs.		DRESS (If rurai,	give location)	
c. I	ength of stay i	n Baltimore		Mos. Days	I7	707 S. Hand	ver Street	
5. S	F 6.C	OLOR OR RACE		E, MARRIED, ZED, DIVORCED (Specify)	8 DATE OF BIT	9. A	AGE (In years of Und ast birthday) Month	s Days Hours Min.
	USUAL OCCUPA one during most of work Housework		10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreign		CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NAME		
		August	Haffne	r	Wilh	elminia Hi	ller	
15.	WAS DECEASED EV	ER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMAN			RESS
(K 68, 1	No or unknown) (If	yes, give war or date	s of service)	SECURITY NO.	Family	Coma		
-	18. 420.0			CAUSE	OF DEATH	- 320,000		INTERVAL BETWEEN
	DISEASE O LEA (This does not heart failure, as injury or comp	R CONDITION DING TO DEAT mean the mode of thenia, etc. It mea plication which conditions ECEDENT CAUS	f dying, e. a ns the diseas aused death	e; DUE TO d	isease		art	15 mos.
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Generalized arterio ? CENERAL CONDITIONS OF ANY, GIVING DUE TO SCIETOSIS (C)							
ERTI	TO THE DEA	ANT CONDITIONS TH BUT NOT I	RELATED TO					
AL C	19A. DATE OF OF		9B. CONDI VAS PERFO	TION FOR WHICH OF	PERATION		WAS RELATED TO EATH, ENTER IN ART II	20. AUTOPSY?
EDIC	21A. ACCIDENT OR CONTRIBUTION DEATH (NOTIFY N	NG CAUSE OF	about	. PLACE OF INJURY (home, farm, factory, street, office		HERE DID (If in	Baitimore City, giv	ve exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK							
				deceased from 6 and that death occur				
-	23A. SIGNATURE		Deil		1226	Hanover		9/26/53
244 TION	A. BURIAL, CREM N. REMOVAL (Specif	A. 24B. DATE y) 9/28/53		24c. NAME OF CEMETE Western	ERY OR CREMATO	RY 240. LOCAT	rion (City, town, or	county) (State)
DA	TE RECEIVED BY	1 /	'S SIGNATI		25. FUNERAL			DDRESS
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	VS 150	Hunti	nglow	Villaun-, My				

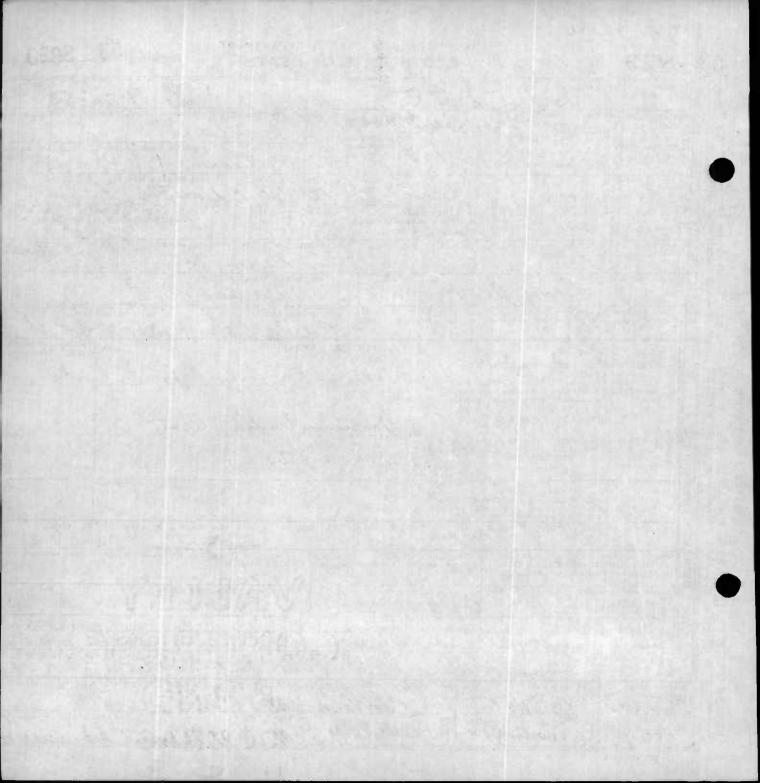


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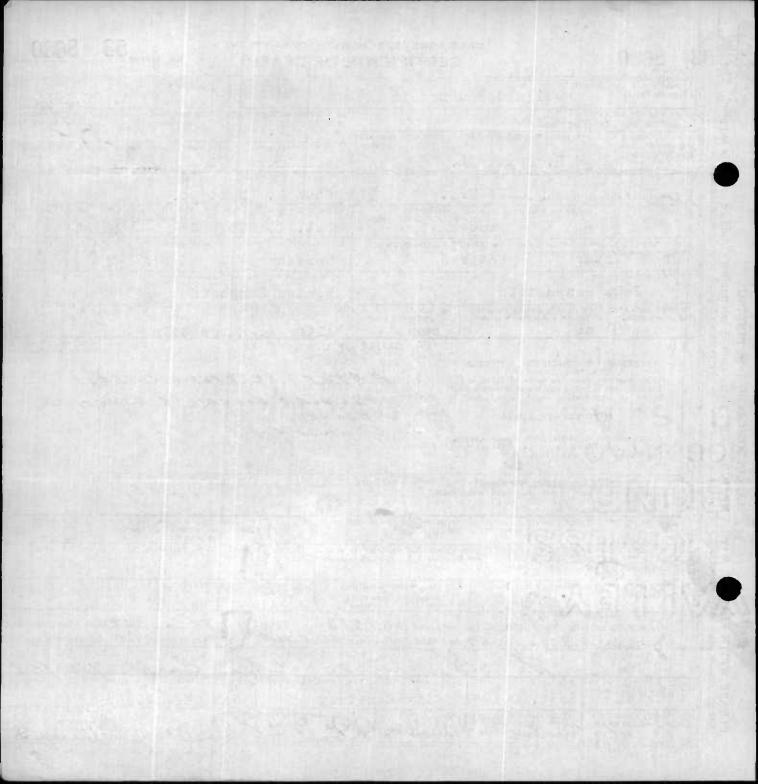


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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rechibecte	U 110-	

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Weigan	nd Hauenstei	in		OF Sept	26,1953
3. PLACE OF DEATH: A. Baltimore City, Maryland				Where deceased lived. I	f institution; residence before admission)
B. FULL NAME OF (If not in hospits HOSPITAL OR INSTITUTION 2506 W. Pr	att St.	location) c. C	altimore	10	its, wiit RURAL and give township)
c. Length of stay in Baltimore	34 Yrs.	Mos. Days 2	TREET ADDRESS (I	tt St.	
5. SEX 6. COLOR OR RACE W	7. SINGLE, MARRIED WIDOWED DIVORS WIDOWED	CED (Specify) 8. D	ct.31,1870	9. AGE (In years last birthday) 82	1 Under 1 Year II Under 24 Hours fonths Days Hours Min. 10 26
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Retired	INDUSTRY	ermany	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. N	OTHER'S MAIDEN	NAME	
John Hauenster			ouise Lungh	noff	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIA	RITY NO. 17. I	NFORMANT		ADDRESS
no no	none		lter A. Hau	uenstein	INTERVAL BETWEEN
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
_ \ \	98. CONDITION FOR	WHICH OPERAT	CAUSE	ATION WAS RELATED OF DEATH, ENTER	TO 20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINE	about home, farm, facto	INJURY (e. g., in pry, street, office bidg., etc	or 21c. WHERE DID		y, give exact location)
2 1D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY m. WHILE AT WORK	NOT WHILE AT WORK	21F. HOW DID IN	NJURY OCCUR?	(
22. I hereby certify that I att deceased alive on 2/26	ended the deceased	from 7/2 leath occurred o	t 6:20 An., from	the causes and on	that I last saw the
23A. SIGNATURE	M. O. 20	DDRESS	Const	23c. DATE SIGNED	
24A. PORIAL. CREMA- 24B. DATE	24c. NAME		CREMATORY 240	COCATION (City, tow	
24A. BORIAL, CREMA- TION REMOVAL (Specify) Burial Sept. 30	,1953 City	Cemetery		w Uhl, Min	

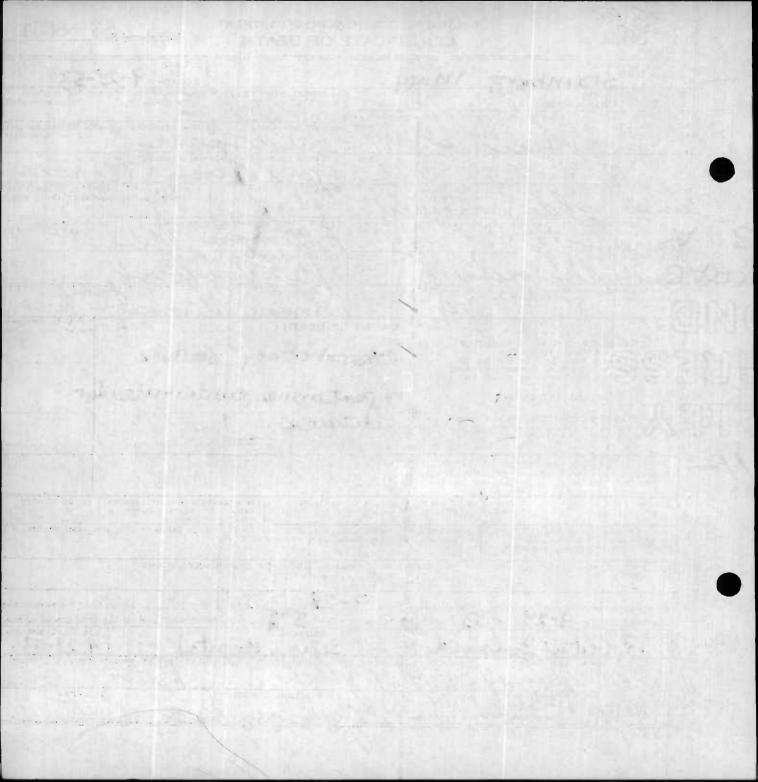


P	IRTH NO.		CERTIFICAT	E OF DEA	TH Registr	ered No.
	NAME OF DECEASED	berg	Mary		2. DATE OF DEATH	9-28-53
	PLACE OF DEATH: Baltimore City, Maryla			4. USUAL RES	DENCE (Where deceased li	ived. If institution: residence ITY before admission)
H	FULL NAME OF (If not ospital or institution	n hospital or instit	cution, give street address or location)		VN (If outside corpora	te limits, write RURAL and give
-k	N	ua	Yrs.	D. STREET ADD	ORESS) (If rural, give location	ion)
C	Length of stay in Baltin	more	Mos. Days	7909 (helseal	Heraca
IL	male Whi		ELE, MARRIED, OWED, DIVORCED (Specify	8. PATE OF BIF		ears Munder I Yest Munder 24 Hours Ain.
TOT	Og. USUAL OCCUPATION (G	vekindof 10B. KII	ND OF BUSINESS OR INDUSTRY		E (State or foreign country)	12. CITIZEN OF WHAT COUNTRYS
	FATHER'S NAME	losohe	erg,	14. MOTHER'S	Savlov	et
1 (Y	5. WAS DECEASED EVER IN U. (If yes, give w	S. ARMED FORCES! rar or dates of service)	SECURITY NO.	17. INFORMANT	n Stembe	ADDRESS James
FICATION	LEADING T (This does not mean the heart failure, asthenia, et injury. or complication ANTECEDEN DISEASES OR CONDIT RISE TO THE ABOVE CAL UNDERLYING CONDIT	mode of dying, on the disk which caused desired to the caused desi	ving	pircto	ry failur Cardio-u	
ERT	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED				
AL G	19a. DATE OF OPERATIO	NO 198. CON WAS PER	DITION FOR WHICH O	PERATION	IF OPERATION WAS REL CAUSE OF DEATH. EN PART I OR PART II	
EDIC/	21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (NOTIFY MEDICAL	USE OF abo	1B. PLACE OF INJURY out home, farm, factory, street, office	(e. g., in or e bldg., etc.) 21C. Wh	HERE DID (If in Baltimor	e City, give exact location)
Σ	21D. TIME (Month) (Day OF INJURY) (Year) (Hour) m.	21E. INJURY OCCURE WHILE AT NOT WH WORK AT WOT	ILE -	W DID INJURY OCCUR	
	22. I hereby certify the	at Lattended t	he deceased from	-28 erred at 545	53, to 9-28 m., from the causes an	, 1927, that I last saw the
	23A. SIGNATURE	Jule 1	M.D.	JULGL	HOSDIIA	23c. DATE SIGNED
T	N. REMOVAL (Specify) 9-	19-19	240 NAME OF CEMET	llow	Ha	eto, Red
	OCAL REGISTRAR	STRAR'S SIGNA	Williams, My	Jacky La	USA ME Z(O	Obethe 10
	VS 150	101	9 9 2 /	0 3 6	A.	

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BALTIMORE CITY HEALTH DEPARTMENT

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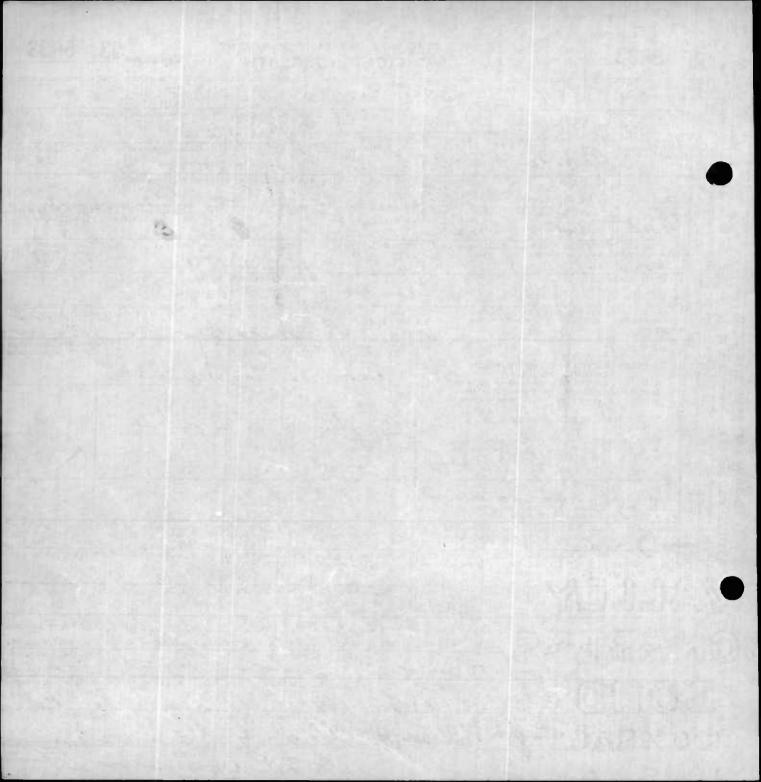


NOT A MEDICAL EXAMINER'S CASE

REFORM ASST. MEDICAL EXAMINER

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3	8633 RTH NO.			TIMORE CITY HE			Registered No	8633
1.	NAME OF DECEAS	ED NAN	VCY	BURL BRO	ooks	2	OF 9- 2	-5-53
Α.	PLACE OF DEATH: Baltimore City, I	Maryland	al or instituti	ion, give street address or	A. STATE MA	IDENCE (When	e deceased lived. If in B. COUNTY	stitution; residence before admission)
H	SPITAL OR	Wider	/	location)	C, CITY OR TOV	NN (If out		write KURAL and give township
c.	Length of stay in			2-8 %. Mos. Days	1426	Riggs	ave.	
5.	- 1	Colored	WIDOW	E, MARRIED. VED, DIVORCED (Specify)	aug. 21, 1		AGE (In years little last birthday) Mont	nds: I Year H Under 24 Hours that Days Hours Min.
	A. USUAL OCCUPATE done during most of working	g life, even if retired)		OF BUSINESS OR INDUSTRY	Richmo	E (State or fore)		2. CITIZEN OF WHAT COUNTRY
13	. FATHER'S NAME	?			14. MOTHER'S	MAIDEN NAM		
15 (Ye	s. mo or unknown) (If y	R IN U.S. ARMER	D FORCES?	16, SOCIAL SECURITY NO.	17. INFORMAN	r b	on les	Riago 40
ERTIFICATION	(This does not an heart failure, ast injury or compliance of the compliance of the compliance of the complex of	nenia, etc. It mea ication which of CEDENT CAUSE CONDITIONS, I DOVE CAUSE (A) CONDITION LA	TH of dying, e. g. ins the diseas caused death SES F ANY, GIVIN STATING TH AST. G CONTRIBL RELATED TO	(B) Hy per		_	ential	
AL C	19a. DATE OF OPE	RATION 0 1	9B. CONDI WAS PERFO			CAUSE OF PART I OR	N WAS RELATED TO DEATH, ENTER IN PART II	YES NO
EDIC,	21A. ACCIDENT WOR CONTRIBUTIN DEATH (NOTIFY MI	GU CAUSE OF	about	B. PLACE OF INJURY home, farm, factory, street, office	(e. g., in or abldg., etc.) 21C. Wi INJURY	HERE DID (If OCCUR?	in Baltimore City, g	give exact location)
Σ	21D TIME (Month OF INJURY) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR		וטנאו מום שכ	RY OCCUR?	
2	22. I hereby cert deceased alive of 23a. SIGNATURE 4A. BURIAL, CREMA AR. REMOVAL (Speedy	n Sept. 25	tended the	deceased from segand that death occu	25-,19 rred at 10:45 238. ADDRESS	m., from the		23c. DATE SIGNED 9-26-53
Juno.	ALLE RECEIVED BY OCAL REGISTRAR	IREGISTRAR	SIGNATION A	Ulava Mo	25. FUNERAL	DIRECTOR	Kelson	ADDRESS
	VS 150	0			13030	Press	twan	- 27

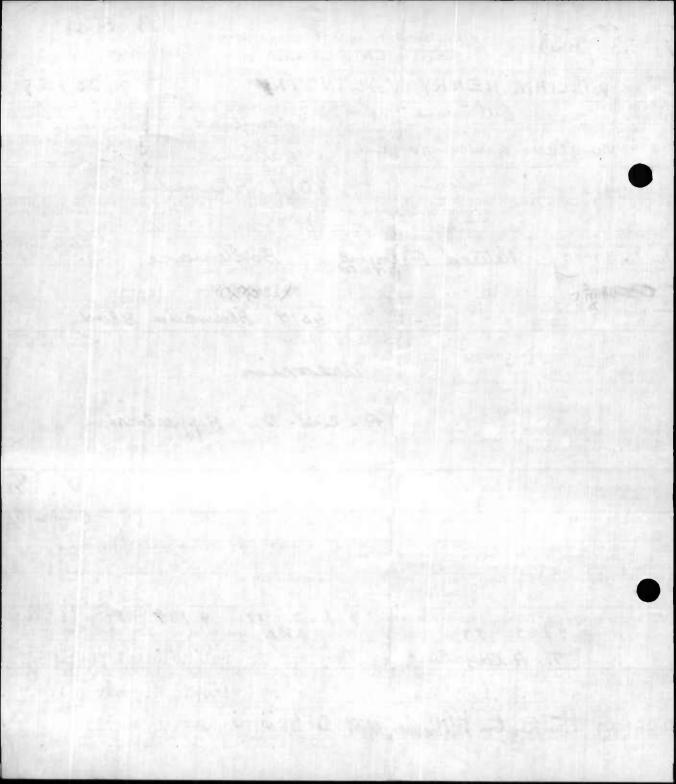


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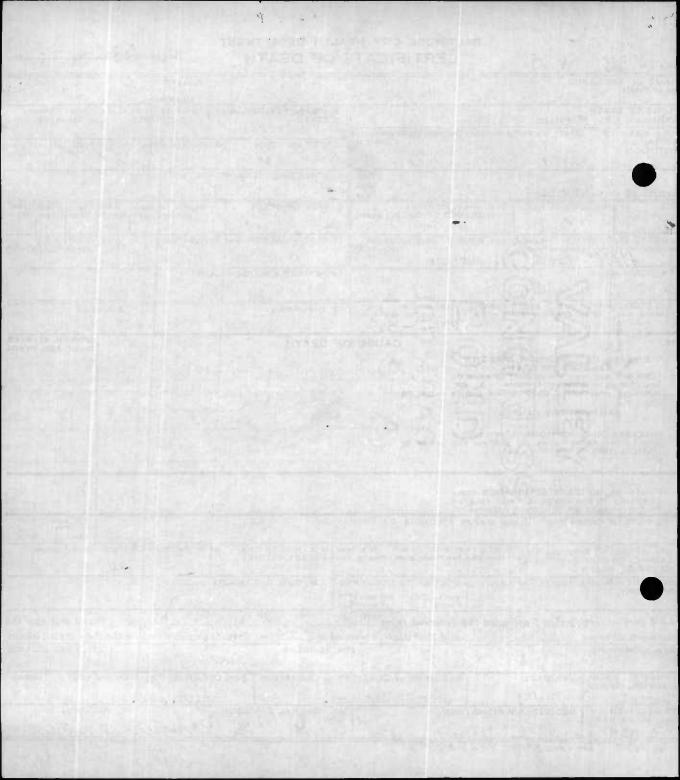
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

8634

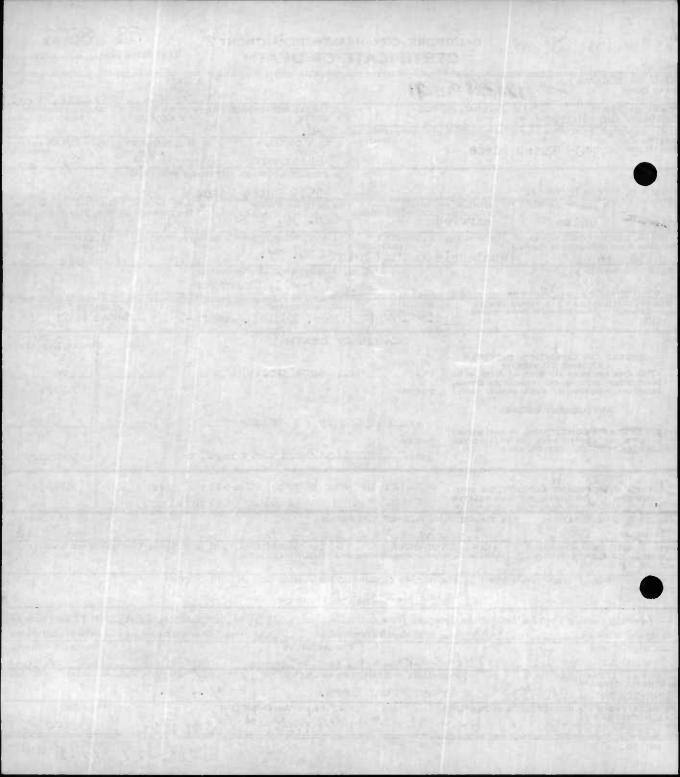
Registered No-NAME OF DECEASED 2. DATE WILLIAM HENRY VALENTIN pe or Print) OF DEATH Ballimare Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence LACE OF DEATH: Baltimore City, Maryland before admission) B. COUNTY Maryland Battemare ULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN TITUTION Mary Land general Haspital Yrs. (If rural, give location) Mos. ameda ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF one during most of working life, even if retired) WHAT COUNTRY? U. S. A. A. Moran FATHER'S NAME DIFECTION 4. MOTHER'S MAIDEN NAME Frederick. Valentin Frida Ricke Valentin WAS DECEASED EVER IN U, S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANTIPS . Charles Handeress Houmada Blud 4017 no none INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES A. C.V. D. Hy-pertensian DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D ME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT! NOT WHILE! WORK AT WORK 22. I heroby certify that I attended the deceased from 9 /22, 1923, to 9 /27, 1932 that I last saw the deceased alive on 9 / 25, 1953 and that death occurred at 0.30 p.m., from the causes and on the date stated above. 238. ADDRESS M. P. | Maryland General Hospital | Sept. 25/53 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) BURIAL, CREMA-24B. DATE REMOVAL (Specify) irial Sept.28.1953 Glen Haven Cemetery | Ritchie Highway Balto.Md. E RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS REGISTRAR SCONEINSZER FUNERAL SERVICE 1126 W. Cross St. Balto. 30 Md. VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED pe or Print) DEATH SEPT. UNNIGAN LOTTA LACE OF DEATH: 4. USUAL RESIDENCE (Where deccased lived. If institution: residence Baltimore City, Maryland before admission) MARYLAND ULL NAME OF (If not in hospital of institution, give street address or SPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUPAL and give TITUTION UNION BALTIMORE MEMORIAL HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. LIFE GREENWAY Length of stay in Baltimore Days 9. AGE (In years | If Under | Year | If Under 24 Hours | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH DEC, 23 WIDOWED 11. BIRTHPLACE (State or foreign country) . USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12, CITIZEN OF one during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Clerk Insurance FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES W. WOOLFORD WINCHESTER ISABELLE WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS 110LE THORPE no or unknown) (If yes, give war or dates of service) SECURITY NO. 20-24-9555 ELEANOR WINCHESTER (COUSIN) 5631 ASh ADVANE RD. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY (A) Adenocorcinoma of the descending Colon
DUE TO E metastases the liner and
peri-partie + bileary lymph modes LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT 3EPT, 19, 1953, to SEPT. 27, 1953 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on SEPT. 27, 1953, and that death occurred at 212 Am., from the causes and on the date stated above. 23A. SIGNATURE Mimorial SEPT. 27, 1953 A. BURIAL, CREMA-N. REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) Burial Green Mount Cem. TE RECEIVED BY 25 FUNERAL PIRECTOR ADDRESS REGISTRAR'S SIGNATURE CAL REGISTRAR



M 6 2 0 53 8636 BALTIMORE CITY HE CERTIFICATE		8636
NAME OF DECEASED DUDLEY MYERS	2. DATE OF	mhor 06 52
PLACE OF DEATH: 2519 Eutaw Place Baltimore City, Maryland The Eaplanade FULL NAME OF (If not in hospital or institution, give street address or spital OR location) STITUTION 2519 Eutaw Place	A. USUAL RESIDENCE (Where deceased lived, If inst A. STATE Md C. CITY OR TOWN (If outside corp rate limits, w	before admission)
Length of stay in Baltimore Length of Stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	Baltimore D. STREET ADDRESS (If rural, give/location) 2519 Eutaw Place B. DATE OF BIRTH 9. AGE (In years)	1 Year If Under 24 Hours
male white 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) married	Dec. 30, 1888 SAGE (in years) Months	
Substitution (Givekindof lioneduring most of working life, even if retired) Salesman FATHER'S NAME Joseph H. Myers		CITIZEN OF WHAT COUNTRY?
WAS DECEASED EVER IN U. S. ARMED FORCES? 10 ur unknown) (If yes, give war or detes of service) 10 16. SOCIAL SECURITY NO. 212-09-1019	17. INFORMANT ADDR Mrs. Eduh B. Myers-2519 Eutaw	Place
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	oronary Occlusion nary Sclerosis al Artarios-Sclerois	several hours 2 years
	leg amputated several years ago ue to embolus (circulatory)	(1949)
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER COLUMN 1949 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	cords at Johns Hopkins) nor 21c. WHERE DID (If in Baltimore City, give	20. AUTOPSY? YES NO X exact location)
OF URY (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR) WHILE AT WORK AT WORK		
Erwin E. Mayer C.	rred at 5 P.Mm., from the causes and on the causes and causes	late stated above. 3c. DATE SIGNED 26.1053
VS 150	19062 Batts. 17,1	Md.



D-620 53 8637 TH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

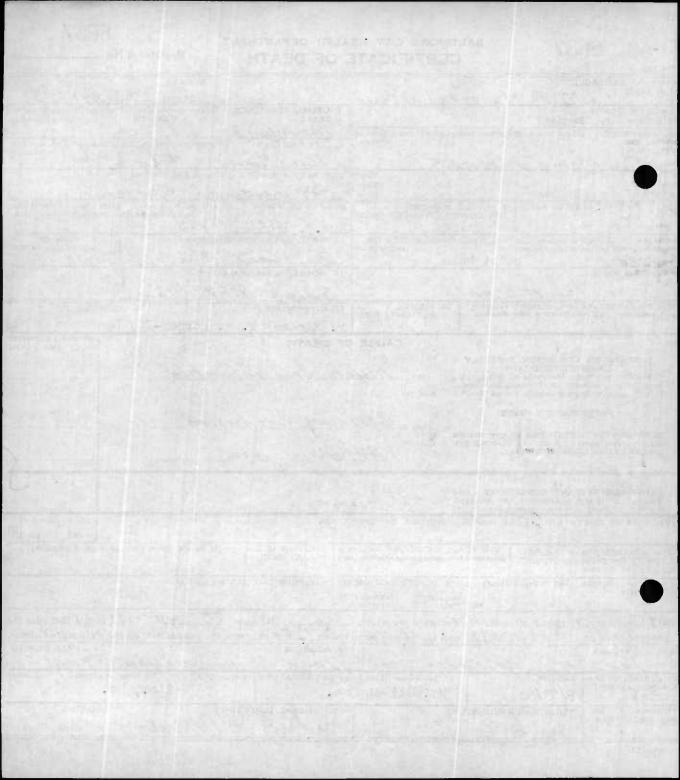
53 8637 Registered No.

2. DATE

OF

hillian Hooper Dorsey DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence LACE OF DEATH: Saltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or maryland ULL NAME OF PITAL OR location) (If outside corpor te limit), write RURAL and give township) 13altimore Union Memorial Huspital. o. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 209 Goodwood Gardens Days 9. AGE (In years | If Under | Year | If Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH Aug. 9. 1865 WIGOW 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) USUAL OCCUPATION (Give kind of 12. CITIZEN OF one during most of working life, even if retired) INDUSTRY WHAT COUNTRY Baltimore Md. Isewife at home FATHER'S NAME 14. MOTHER'S MAIDEN NAME E. Hooper. M: Williams Dames WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS no or unknown) (If yes, give war or dates of service) SECURITY NO. Mr. Michael T. H. Dorsey-209 Goodwood Garder INTERVAL BETWEEN 42011 CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY (Myocardial infanction LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO RISE TO THE ABOVE CAUSE (A) STATING THE Arteriosclarosio UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 26 Sept, 1953, to 27 Sept, 1953, that I last saw the deceased alive on 27 Sept, 1953, and that death occurred at 12'5 pm., from the causes and on the date stated above.

23A. SIGNATURE | 23B. ADDRESS | 23C. DATE SIGNED Memorial Mosp. 24c(NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) BURIAL, CREMA-24B. DATE Mt. Olivet Cem. Balto., Md. 9/29/53 Burial TE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE AL REGISTRAR VS 150



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0	D- 36-2					
	BALTIMORE CITY F	IEALTH DEPARTMENT 53 8638				
	BIRTH NO. CERTIFICAT	E OF DEATH Registered No.				
==	I 2. DATE					
(1. NAME OF DECEASED (Type or Print) WALDEMAR FRANKLIN DIETER)	ICH OF Sept. 27, 1953				
A	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address of	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
F	HOSPITAL OR location Haven Nursing Home	c. CITY OR TOWN (If outside corrupte lines, writer URAL and give township)				
	Yrs. Mos. c. Length of stay in Baltimore Days	b. STREET ADDRESS (If rural, give location)				
100	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific married married White Married William White Warried William Warried William Warried William William Warried William Warried William Warried William Warried William Warried William Warried Warried William Warried Warrie	B. DATE OF BIRTH 9. AGE (In years Il Under 1 Year If Under 24 Hours				
1 WO	IOA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retirad) Artist Artist	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
1	13. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME				
11	Louis P. Dieterich	e .				
(Y	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
-		Mrs. Alice Dieterich-4403 Kathland Ave.				
	18. 450.0 CAUSE OF DEATH ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) DUE TO					
	ANTECEDENT CAUSES					
10	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
FICATION	UNDERLYING CONDITION LAST. (C)					
FRT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT					
AI	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH O	DPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN PART I OR PART II				
FDIC	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (e.g., in or INJURY OCCUR? 21c. WHERE DID (If in Baltimore City, give exact location) 1 INJURY OCCUR?					
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY MHILE AT NOT WE WORK AT WO	HILE				
	22. I hereby certify that I attended the deceased from	left 1, 1946to Seft 1, 1953 that I last saw the				
	deccased alive on, 19, and that death occur					
	23A SIGNATURE OF GO ON M.D.	4509 Liferty Hug th 0 9-28-55				

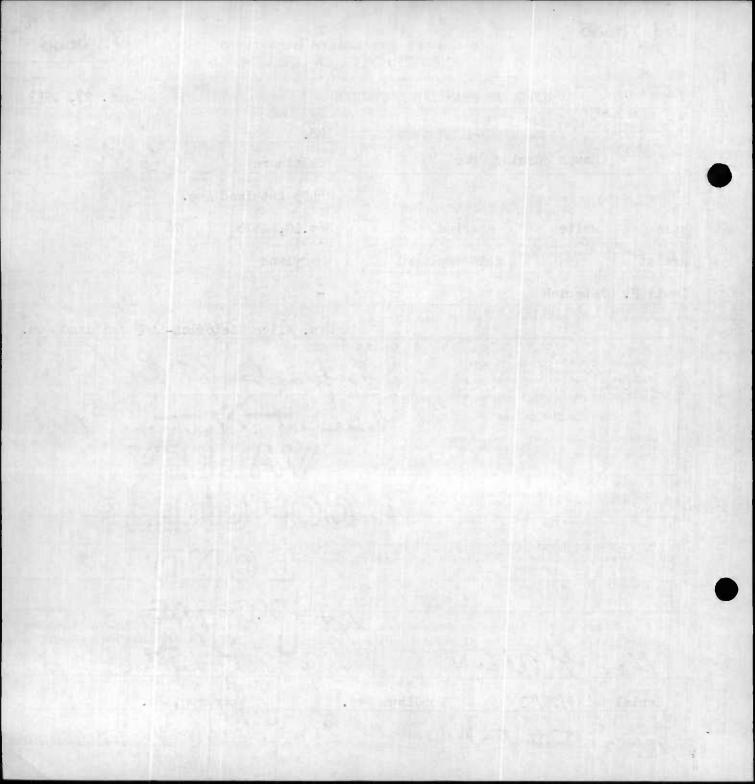
24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial DATE RECEIVED BY LOCAL REGISTRAR

24C. NAME OF CEMETERY OR REMATORY

244. LOCATION (City, town, or Jounty)

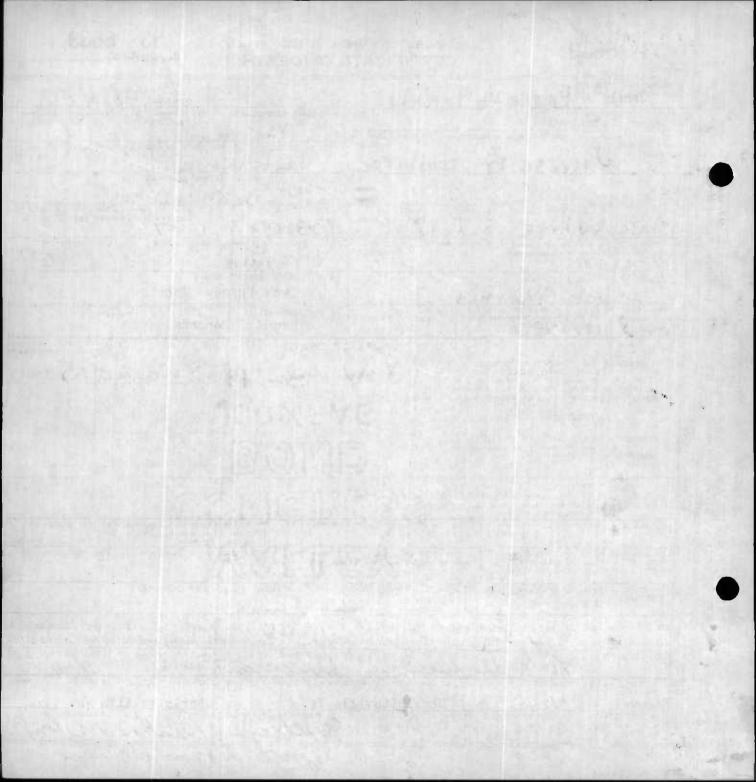
Woodlawn Cem.

REGISTRAR'S SIGNATURE



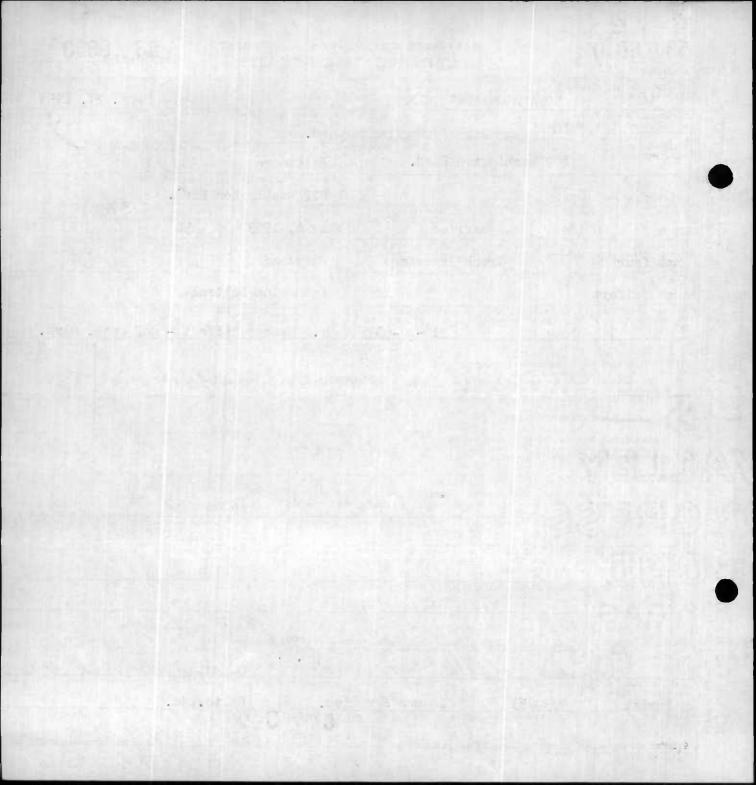
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INK. I	please w
UNFADING	Physicians:]
Y, WITH	mportant.
PLEASE WRITE PLAI	dorrect age is especially important

M-620			53 8	639
7.3 765.59	ERTIFICATE		Registered No.	
1. NAME OF DECEASED (Type or June) TRANK lin	RRIS		2. DATE OF DEATH 9/1	6/53
3. PLACE OF DEATH: A. Baltimore City, Maryland	4.	USUAL RESIDENCE (W		stitution: residence before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION)	142	CITY OR TOWN (If	outside corporate limits,	write R RAL and give township)
NIVERSITY F	TOSPITAL Yrs. D.	STREET ADDRESS (If r	ural, give location)	, , , , , , , , , , , , , , , , , , ,
c. Length of stay in Baltimore 5. SEX [6. COLOR OR RACE 7. SINGLE.		SIV W. N	9. AGE (in years Vin	der 1 Year) It Under 24 Hours
Male White Sing	D, DIVORCED (Specify)	1/23/1902		hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR II.	BIRTHPLACE (State or for	elgn country) 1	CITIZEN OF
13. FATHER'S NAME Lasper Marris	14	Nora Patses		/
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17	Hospital Rec		DRESS V
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF (A) DUE TO	mis blo	a middles	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO	DUE TO (C)			
	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITI	ON FOR WHICH OPERA	CAUSE OF PART I O	ON WAS RELATED TO DEATH, ENTER IN R PART II	YES NO W
	PLACE OF INJURY (e. g., ne, farm, factory, street, office bldg.		f in Baltimore City, gi	ve exact location)
21D TIME (Month) (Day) (Year) (Hour) 21	E. INJURY OCCURRED WHILE AT WORK AT WORK	21F. HOW DID INJ	JRY OCCUR?	
22. I hereby certify that I attended the d deceased alive on 21.63, 19, and		5/53 19 , to 9/		that I last saw the
deceased alive on 1100, 19, and 23A. SIGNATURE	that death occurred	ADDRESS LILEURSELS	Verse and on the	23c. DATE SIGNED
TION, REMOVAL (Specify)	C. NAME OF CEMETERY		CATION (City, town, or	
Removal 9/28/53 Date received by registrar's signatur Local registrar	Charlottsville	PUNERAL DIRECTOR	Sharlottsyille	ADDRESS
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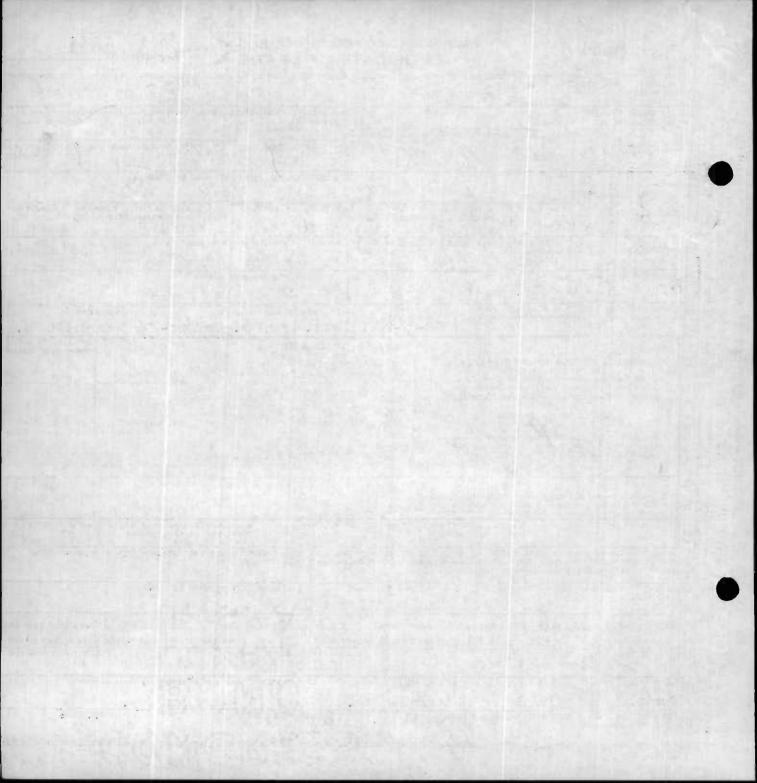
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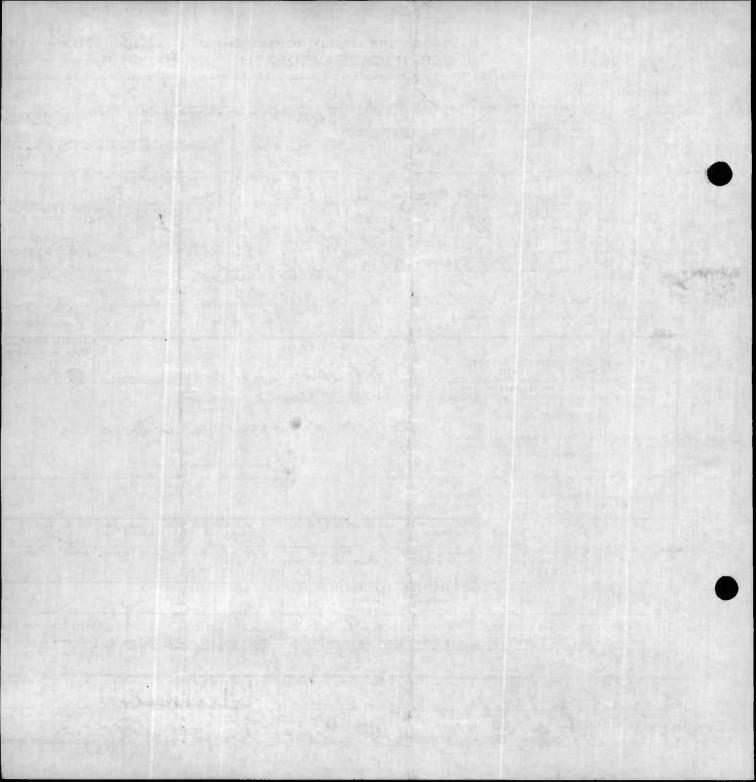
	5:	-16	3	RAI	TIMORE CITY HE	ALTH DEPARTMENT	. 52 6	C 40
	BIRTI	004 H NO.	ŁU		CERTIFICATI		Registered No.	0040
	1. NAME OF DECEASED (Type or Print) HOWARD CHARLES SEIFERT				2. DATE OF Sept.	27, 1953		
	3. PLACE OF DEATH: A. Baltimore City, Maryland			A. USUAL RESIDENCE (A. STATE Md.				
	e. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 882 Washington Blvd.				If outside exporate Liniu.	rit (ORAL and give township)		
TOP	Yrs. Mos. c. Length of stay in Baltimore Days			822 Washington Blvd.				
-	male white 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) married			May 6, 1903	last birthday) Month	der I Year Hours 24 Hours has Days Hours Min.		
Cicair	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur Truck Transfer		11. BIRTHPLACE (State or Maryland	foreign country) 12	WHAT COUNTRY?			
TCG CI		m Seife				14. MOTHER'S MAIDEN NAME Katherine Deitzel		
10 02	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or unknown) (If yea, give war or dates of service) NO 216-10-6395			17. INFORMANT Mr. George Set	ifert - 882 Was	h. Blvd.		
or or a constant or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				Tyra			
II y Sacra	CERTIF	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSING	RELATED TO		voces ent	Poles	4 days
11.	19	A. DATE O		VAS PERFO		CAUSE PART I	RATION WAS RELATED TO OF OEATH, ENTER IN OR PART II	20, AUTOPSY?
ipor car	EDI	R CONTRIB	ENT WAS UNDERLY UTING CAUSE OF IFY MEDICAL EXAMINE	about	. PLACE OF INJURY (home, farm, factory, street, office	e.g., in or bidg., etc.) 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
III) IIII		10. TIME (F INJURY	Month) (Day) (Year)	(Hour) m.	WHILE AT NOT WHILE WORK AT WORK	LE	NJURY OCCUR?	(
especia	22. I hereby certify that I attended the deceased from 9/(, 1948, to 9/2 2/3, 19 , that I last saw the deceased alive on 2/1, 19 53 and that death occurred at 3/20m., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED							
age is		BURIAL, OREMOVAL (S	CREMA- 24B. DATE	Will	LAC. NAME OF CEMETE		LOCATION (City, town, or	dugin
correct	DATE	urial E RECEIVE AL REGIST		SSIGNATI	Loudon Park	22 FUNERAL DIRECTOR	chuer YS	DDRESS
	SEP	Vs 850	3 Hanting	ion Hi	683	52	Balto.1	7, Md.



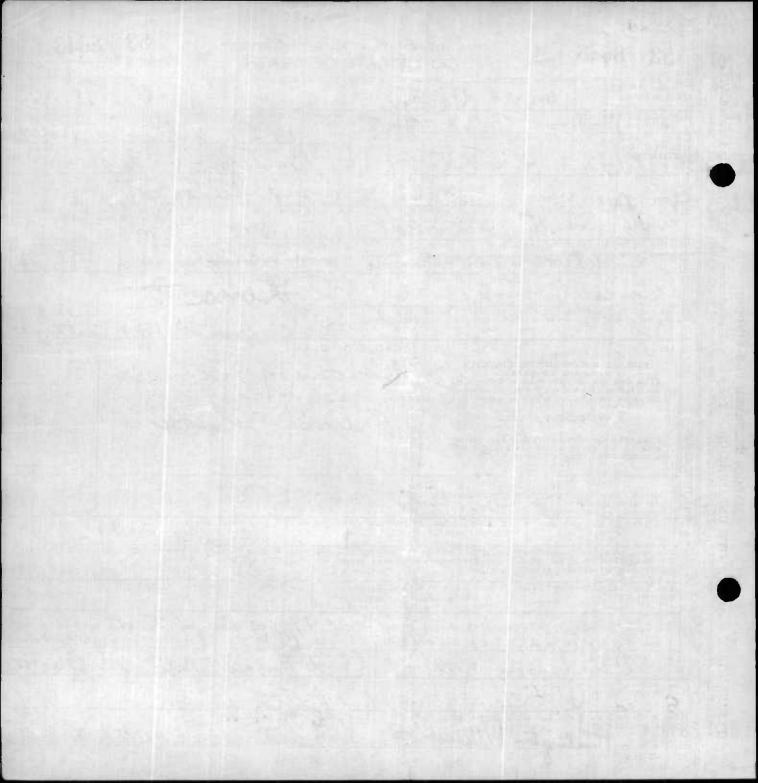
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BALTIMORE CITY HEALTH DEF CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE reinse A. Bare. (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write KURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. oller c. Length of stay in Baltimore Days 9. AGE (ln years) 6. COLOR OR RACE I 7. SINGLE, MARRIED If Under 1 Year 5. SEX last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Salesman U519 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6-00-9 8 K. Bauer argare T Giltz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY 220-07-2881 Mrs. Frank W. Armiger-106 Cedarcroft Rd. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO E RT 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Ш DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY? WAS PERFORMED CAUSE OF DEATH, ENTER IN DICA PART I OR PART II 21A. ACCIDENT WAS UNDERLYING | 21B. PLACE OF INJURY (a. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? H DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE 1953 to 9/27, 195 I that I last saw the 9/20 22. I hereby certify that I attended the deceased from_ , 1953, and that death occurred at 5 deceased alive on 9/27/ m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Courceses 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify) 9/30/53 Burial Lorraine Cem. Woodlawn Cem. 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

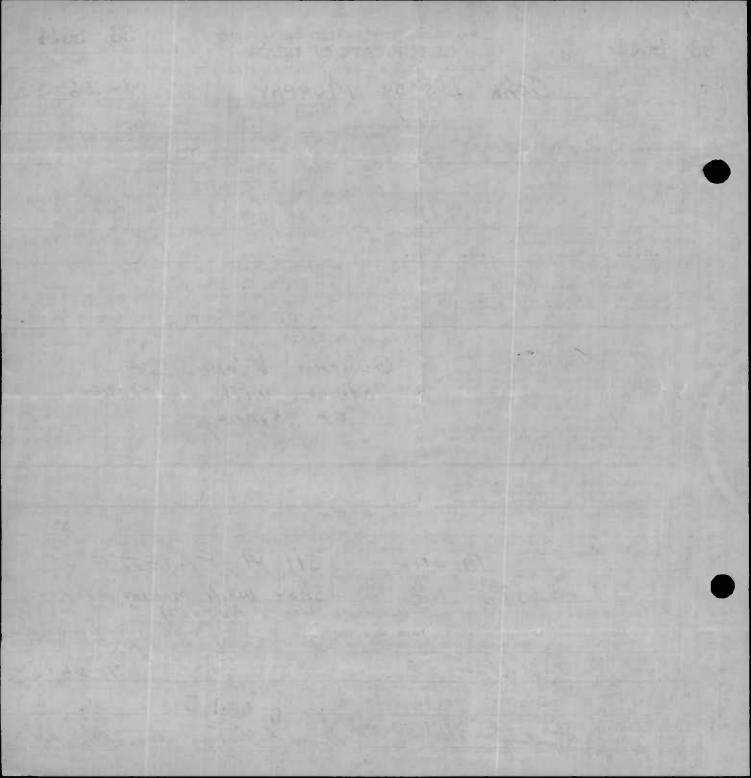




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	53 8643	CERTIFICATI		NT つる Registered No	8643
BI	RTH NO.	OLIVIII 10/VII		A	
	NAME OF DECEASED Harry	Poster	See East In	2. DATE OF DEATH	128-1953
	PLACE OF DEATH: Baltimore City, Maryland	42 n. Helton St	A. USUAL RESIDENCE	(Where deceased lived. If in	hefore advission)
H	FULL NAME OF (If not in hospital or in	nstitution, give street address or location)	c. CITY OR TOWN	Tif outside corporate limits,	
IN	STITUTION, 42 N. Hillo	nSt	Balli.	mong De	(ownship)
U		Yrs. Mos.	D. STREET ADDRESS	(If wiral give I willon)	
	Length of stay in Baltimore SEX 6.COLOR of RAGE 7.S	Days Days	8. DATE OF BIRTH	9. AGE (In years	Index 1 Year 11 Undex 24 Hours
		IDOWED, DIVORCED (Specify)	1878	75 yrs	ths Days Hours Min.
	done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country	US A
13	FATHER'S NAME Postus		14. MOTHER STAIDE	N NAME	
	. WAS DECEASED EVER IN U. S. ARMED FORCE		17. INFORMANT	AD	DRESS 141
(Ye	(If yes, give war or dates of serv	SECURITY NO.	Dr Benja	mir Poster n	· Hilton St
	18. 420.1	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	100	masu B	celusion	
	(This does not mean the mode of dyir heart failure, asthenia, etc. It means the injury or complication which caused	disease,			
	ANTECEDENT CAUSES	1.	lusia Se	lessie	
Z	DISEASES OR CONDITIONS, IF ANY		cono se	COCOUN	
E	RISE TO THE ABOVE CAUSE (A) STAT				
1	UNDERLYING CONDITION LAST.				
FICA		(C)			
ERTIFICA	II OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT	(C)TRIBUTING			
CERTIFICA	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	TRIBUTING EO TO THE CONDITION FOR WHICH O		PERATION WAS RELATED TO	
AL CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. C WAS F	TRIBUTING EO TO THE CONDITION FOR WHICH OPERFORMED	PERATION IF O	E OF DEATH, ENTER IN	YES NO
L CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	TRIBUTING EO TO THE CONDITION FOR WHICH OPERFORMED	PERATION IF OF CAUSE PAR'	SE OF DEATH, ENTER IN TIOR PART II DID (If in Baltimore City,	YES NO
DICAL CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. C WAS F 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour	TRIBUTING EO TO THE CONDITION FOR WHICH OF CONTROL OF C	PERATION IF O CAUS PAR (e. g., in or a bldg., etc.) INJURY OCCU	SE OF DEATH, ENTER IN TIOR PART II DID (If in Baltimore City,	YES NO
DICAL CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. C WAS F 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	TRIBUTING EO TO THE CONDITION FOR WHICH OF COMMENT OF C	PERATION IF O CAUSE PAR (e. g., in or 21c. WHERE D INJURY OCCU	GE OF DEATH, ENTER IN TIOR PART II DID (If in Baltimore City, R?	YES NO give exact location)
DICAL CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. C WAS F 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour OF INJURY)	TRIBUTING EO TO THE CONDITION FOR WHICH OF PERFORMED 21s. PLACE OF INJURY about home, farm, factory, street, office to the control of the deceased from the control of the control	PERATION IF O CAUS PAR (e. g., in or 21c. WHERE E beldg., etc.) INJURY OCCU ED 21f. HOW DID	DID (If in Baltimore City, R?) NUMBER OF DEATH, ENTER IN THE PART II	yes No give exact location) I that I last saw th
DICAL CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. C WAS F 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour OF INJURY) 22. I hereby certify that I attended deceased alive on 19 19 19 19	TRIBUTING EO TO THE CONDITION FOR WHICH OF ERFORMED 21B. PLACE OF INJURY about home, farm, factory, street, office with the street, of the street, o	PERATION IF O CAUS PAR (e. g., in or 21c. WHERE Debldg., etc.) INJURY OCCU ED 21f. HOW DIE LIKE 27, 1963, to pred at 12 m., free	DID (If in Baltimore City, R?) NUMBER OF DEATH, ENTER IN THE PART II	yes No give exact location) that I last saw the date stated above
DICAL CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. C WAS F 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour OF INJURY)	TRIBUTING EO TO THE CONDITION FOR WHICH OF CONTROL OF	PERATION IF O CAUS PAR (e. g., in or ebidg., etc.) INJURY OCCU ED 21F. HOW DIE 14 PAR 27, 1963, to pred at 1'a m. from 123B. ADDRESS 2300 E. Land	DID (If in Baltimore City, IR?)	That I last saw the date stated above 23c. DATE SIGNED
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MEDICAL CE	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. C WAS F 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour OF INJURY) 22. I hereby certify that I attended deceased alive on the contribution of the	TRIBUTING EO TO THE CONDITION FOR WHICH OPERFORMED 21B. PLACE OF INJURY about home, farm, factory, street, office of the deceased from Street, and that death occurs and that	PERATION IF O CAUSE PAR. (e. g., in or bldg., etc.) INJURY OCCU ED 21F. HOW DID ILLE 27, 1963, to gred at 12, m., from 23B. ADDRESS 23B. ADDRESS 23B. ADDRESS 24 FOR CREMATORY 24	DID (If in Baltimore City, BR) O INJURY OCCUR? O MATERIAL STATES AND THE CAUSES and on the Causes and on the Causes and continued by the Cau	give exact location) 3 that I last saw the date stated above 23c. DATE SIGNED 3 128-195 or county) (State)



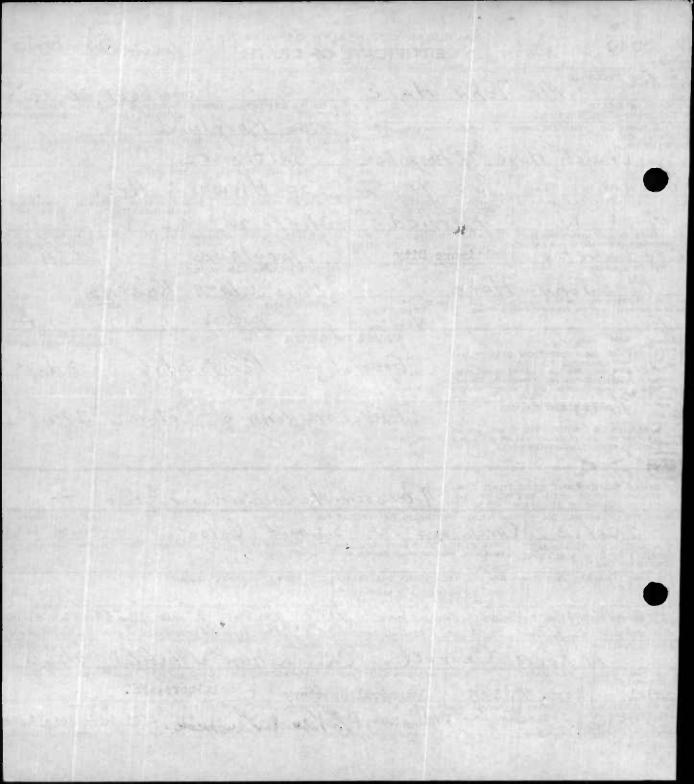
MARGIN



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Mr. John HAre OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or location) If outside corporate limits, write RURAL and give NSTITUTION MOYE (If rural, give location) Yrs. Mos. h of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) AGE (in years If Under 1 Year If Under 24 Hours 5. SEX last birthday) Months: Days Hours Min. PATTIED 63 OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? uring most of working life, even if retired) INDUSTRY Baltimore City LNSbec tor 3. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO Hospital NONE INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY PeritoNitis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Adeno CATCINOMA of ColoN DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CONteriosc/erotic Cardiovascular Disease TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Dismoid AYCINOM A 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY NOT WHILE WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from 1913 that I last saw the Pm., 1943 and that death occurred at 8 126 deceased alive on from the causes and on the date stated above. 23c. DATE SIGNED

reed BURIAL, CREMA-24B, DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify)

Baltimore. Md. Sept. 30, 1953 Cathedral Cemeterv RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 4611 Park Heights A



W-445 53 8646

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	53	0046
gistered	No	

NAME OF DECEASED print) Daisy D. Wilhelm	2. DATE OF OF DEATH 9/27	163
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If insti	tution; residence before admission)
FULL NAME OF (If not in hospital or institution, give street address or	Maryland Balto.	
OSPITAL OR STITUTION UNION Memoriae Hospital	c. CITY OR TOWN (If outside corporate limits, wr	ite RURAL and give township)
Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	0
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under last birthday) Months	
A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) N. M. C. INDUSTRY	n 11'	CITIZEN OF WHAT COUNTRY?
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	371
George W Hang	Pora Marsden	
. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT HOSpital Record	ESS
18. 442X . CAUSE (DE DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	alma	1 week
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES	Tenning Caralinas de	12 1100
DISEASES OR CONDITIONS, IF ANY, GIVING	tensine Carchivascula	12 410
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	el unal diseas	
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OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		•••••••••••••••••••••••••••••••••••••••
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY7
21a. ACCIDENT WAS LINDER. 21B. PLACE OF INJURY! (e.g., in	or 21c. WHERE DID (If in Baltimore City, give	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., c	to.) INJURY OCCUR?	exact location;
21p JME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED URY	21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK		
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	red at 7:30 Pm., from the causes and on the de	
Paul ran hill . M. D.	38. ADDRESS. Hospital 23	COATE SIGNED
A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER 24	RY OR CREMATORY 24D. LOCATION (City, town, or co	ounty) (State)
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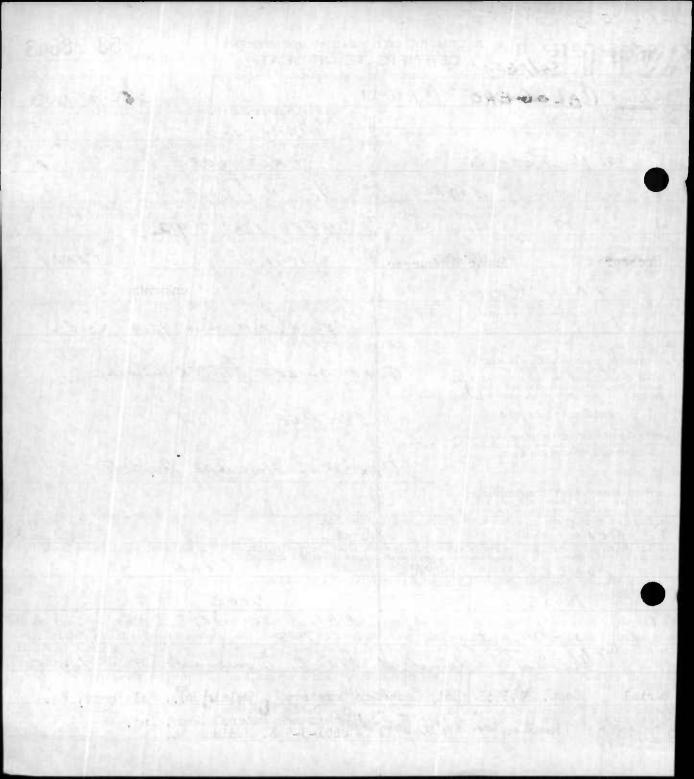
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BALTIMORE CITY HEALTH DEPARTMENT

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Registered	110-	

RTH NOOTE	CERTIFICAT	E OF DEATH	Tregistered 14	
NAME OF DECEASED ype or Print) MRS	NAOMI RI	CHARDS	2. DATE OF DEATH SUN	26 1953
PLACE OF DEATH: Baltimore City, Maryland	1645 Mangeton	4. USUAL RESIDENCE (V	Where deceased lived If in B. COUNTY	nstitution: residence before admission)
FULL NAME OF (If not in hos SPITAL OR STITUTION	spital or institution, give street address o location		outside corpo (te fimit	write WURAL and give
MERCY HO	SPITAL Yrs.	D. STREET ADDRESS (If	rural, give location)	township)
Length of stay in Baltimore	Days	1645 N. Pa	tterson or	arkave
SEX 6. COLOR OR RAC	7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify	8. DATE OF BIRTH		Under 1 Year II Under 24 Hours https://doi.org/10.1001
A. USUAL OCCUPATION (Givekin done during most of working life, even if reting the state of the s		11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Leaned ge	ntru	14. MOTHER'S MAIDEN N.	AME M	coroll 2
. WAS DECEASED EVER IN U. S. AR s, no or nnknown) (If yes, give war or o	MED FORCES 16. SOCIAL SECURITY NO.	17. INFORMANT	AC	DDRESS
DISEASE OR CONDITION LEADING TO DO (This does not mean the mod heart failure, asthenia, etc. Itr injury or complication which ANTECEDENT CA DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION	N DIRECTLY EATH le of dying, e. g., neans the disease, h caused death.) DUE TO USES (B)	of death	igmåed.	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, B TO THE DISEASE OR CONDIT	UT NOT RELATED	densive and	ovase lice	4 days,
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION	Latinon	20. AUTOPSY?
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e.g.,		If in Baltimore City, g	
210 TIME (Month) (Day) (Ye	ear) (Hour) 21E. INJURY OCCURF WHILE AT NOT WHILE M. WORK AT WORK		Y OCCUR?	
	attended the deceased from L. 6, 1952, and that death occ	ne 16, 1953, to		that I last saw the
29A. SIGNATURE	moore, Ir M.D.	morey Hospi	tal	23c. DATE SIGNED
A. BURIAL, CREMA- N. REMOVAL (Specify)	ost 953 Holy Red	umer Be	lair Ro	or equity) (State)
TAL DECICEDAD	AR'S SIGNATURE	25. FUNERAL DIRECTOR	01-03 h Patter	ADDRESS
VS 150		4906C		ave

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH CALOGERO BIRTH NO NAME OF DECEASED 2. DATE Type or Print) (RIM) OF DEATH PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence Baltimore City, Maryland A. STATE B. COUNTY before admission) MARYLAND FULL NAME OF (If not in hospital or institution, give street address or IOSPITAL OR (If outside corporate limits, write RURAD and give NSTITUTION 921 N. KOSE ST DALTIMORE D. STREET ADDRESS (If rural, give location Vre Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (in years) WIDOWED DIVORCED (Specify) last birthday) Months: Days Hours: Min. 14 FEB. 1861 Widowed DA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF k done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? LAALV Presser 14. MOTHER'S MAIDEN NAME Isaac Hamburger FATHER'S NAME unknown . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS s, no or unknown) (If yes, give war or dates of service) SECURITY NO. MELVIN CRIMI - JON 921 N. ROSEST DISEASE OR CONDITION DIRECTLY (A) GENERALIZED FIRTERIOSCHEROSIS LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO OLD AGE ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (CEREDRAL VASCULAR AccidenT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Mone MONE 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) (Specify) INJURY OCCUR? MONE 21F. HOW DID INJURY OCCUR? ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED MONE NONE _, 1950, to SEPT , 1953, that I last saw the MAY 22. I hereby certify that I attended the deceased from. deceased alive on 25 5 7, 1953, and that death occurred at 75 9 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS BURIAL, CREMA-REMOVAL (Specify) Burial Sept. 29, 1953 Holy Redeemer Cemetery Baltimore, Md CAS FUNERAL DESCROR Home, Inc. REGISTRAR'S SIGNATURE E RECEIVED BY 2601-3-5 E. Madison St.

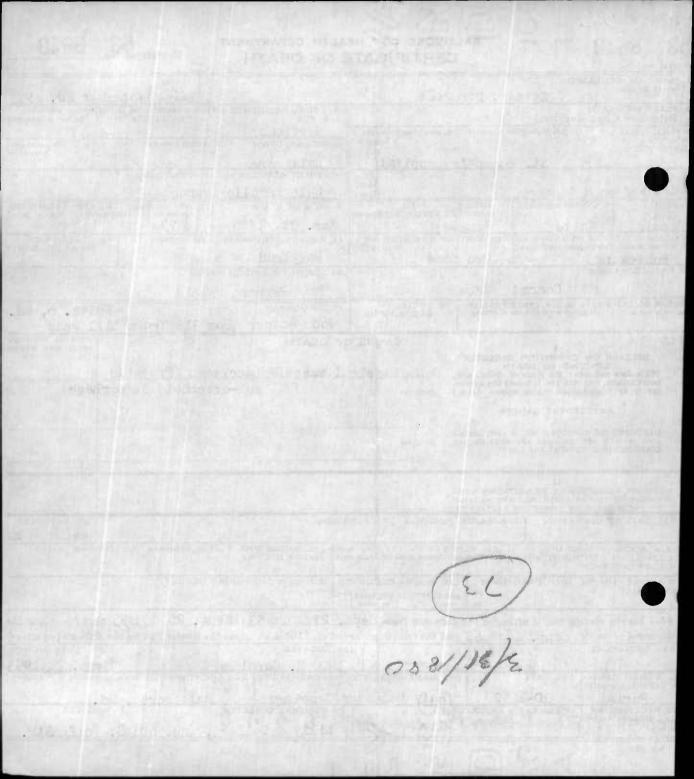


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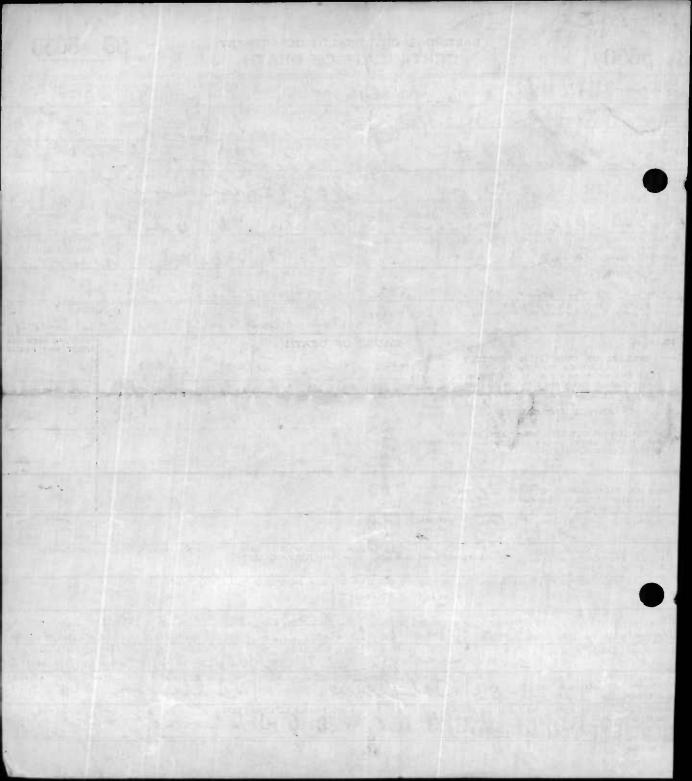
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8649

BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH September 28, 1953 Ettner, Margaret 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY a. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside comporate limits, write HURAL and give NSTITUTION township) St. Joseph's Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore hhl6 LaSalle Avenue Days 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years | H Under | Year | H Under 24 Hours | Months | Days | Hours | Min. Mar. 31, 1880 Single Whi te Female OA. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF k done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland Own home Housework 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ettner Conrad Barbara Vasold 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. no or unknown) | (If yes, give war or dates of service) 16. SOCIAL ADBRESO. 6. 17. INFORMANT SECURITY NO. John Ettner Box 316 Trump Mill Road INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Cerebral vascular accident (Probable heart failure, asthenia, etc. It means the disease, sub-arachnoid hemorrhage) injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH IME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Sept. 27, 1953 to Sept. 28, 1953, that I last saw the deceased alive on Sept. 2819 53 and that death occurred at 8:00am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 11:00 N. Caroline Street M. D. Sept. BURIAL, CREMA-REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 10-1 52 Holy Redeemer Cemetery Baltimore, Md. Burial 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE TE RECEIVED BY ADDRESS Inc. 403 S. Wolfe Str.

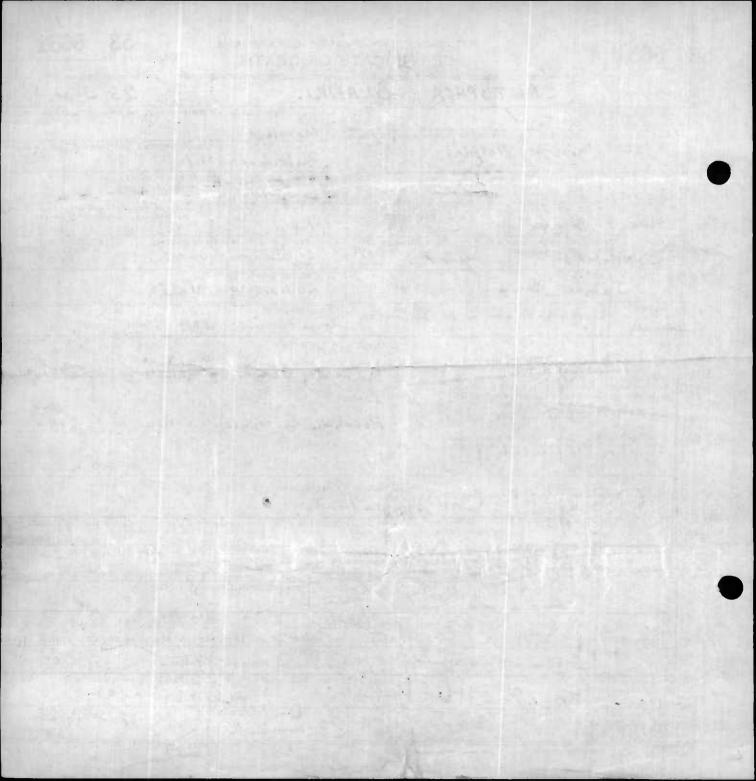


BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH 1. NAME OF D 2. DATE OF DEATH B. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased In A. STATE B. COUR ved. If instruction : residence TY before admission) . Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) outside corporate mits, withe RURAL and give NSTITUTION 202 Yrs. Mos. . Length of stay in Baltimore Days 6. COLOR OR RACE SINGLE, MARRIED AGE (in years | Under | Year last birthday) | Months: Days WIDOWED, DINORCED (Specify Hours! Min. marrie DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) 108 KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY B. FATHER'S NAME 14. MOTHER'S MAIDEN D. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? URY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from , hat I last saw the and that death occurred as 30 m., from the causes and on the date stated above. deceased Alive on. 27.197 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 2555 BURIAL, CREMA-(State) REMOVAL (Specify) E RECEIVED BY 25AFUNERAL DIRECTOR AL REGISTRAR



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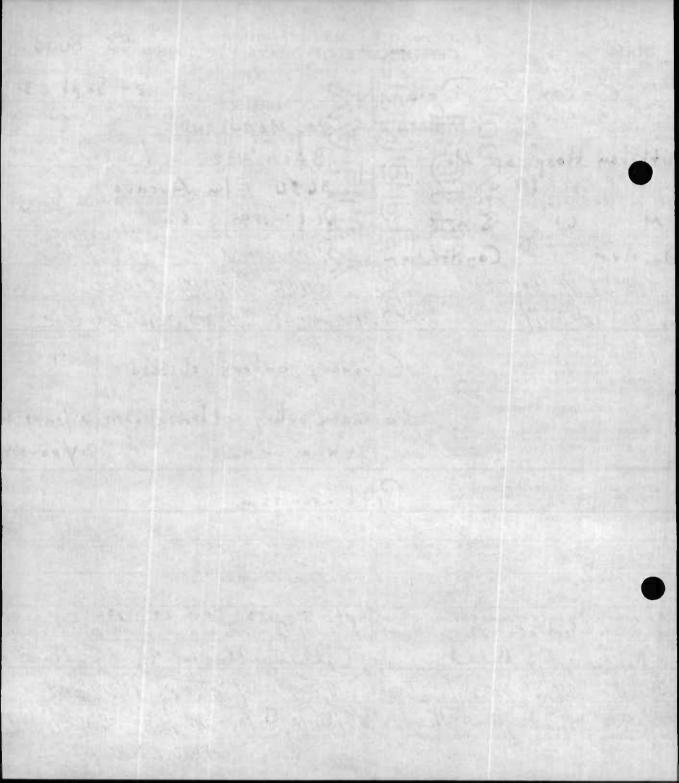
13	B-45 8651	~	BAI			ALTH DEPARE OF DEA		Regi	53 stered No.	8651
	NAME OF DECE	ASED - A						2. DATE		
(7	Type or Print)	CKI	STOPH	ER.	RYA	NKJ.		OF DEATH		Sept 53
Α.	Baltimore City,	Maryland V				A. STATE	,	Where deceases B. CO		titution; residence hefore admission)
H	FULL NAME OF OSPITAL OR ISTITUTION		Hospita	cion, give street	location)	c. CITY OR TOW	/N (1	f outside corpo	raf Italis,	wateRUB L and give township)
200	Length of stav	in Baltimore	Six	U	Yrs. Mos. Days	1816 Dist.			eation)	
-		Nyn.	7. SINGL WIDOV	E, MARRIED. VED, DIVORCE		8. DATE OF BIR		1 9. AGE (In		der Year If Under 24 Hours Min.
To Wor	DA. USUAL OCCUP k done during most of worl	ing life, even if retire		of Busine	SS OR NDUSTRY	Bette	in	acc	y) 12 _>	2. CITIZEN OF WHAT COUNTRY U.S.A.
Towns 1:	Jan	es Blan	ks:			LOUISI		MILLEI	R	
) (Y	5. WAS DECEASED EN (I	/ER IN U.S. ARM f yes, give war or da	ED FORCES? tes of service)	16. SOCIAL SECUR	TY NO.	17. INFORMANT Agnes hass		1810 Di		bress Lat: Bellin
CERTIFICATION	(This does not heart failure, as injury or com ANT DISEASES OR RISE TO THE A UNDERLYING	PR CONDITION ADING TO DE, mean the mode sthenia, etc. It m plication which CCONDITIONS, BOVE CAUSE (A CONDITION)	of dying, e. ; ans the disear caused death SES IF ANY, GIVIN) STATING TI AST.	(B) (B) (C) UITING	Alco	hdic Circl	hasis			20 mins.
EDICAL		PERATION WAS UNDERL NG CAUSE	198. COND WAS PERFO YING 218	ITION FOR V	VHICH OF	ERATION	PART I	ATION WAS R OF OEATH, OR PARTUI	ENTER IN	20. AUTOPSY? YES NO NO Ve exact location)
>>	21D TIME (Mon OF INJURY	th) (Day) (Yea	r) (Hour)	21E. INJURY WHILE AT WORK		E	W DID IN	JURY OCCU	R7	
especian	22. I hereby ce	ertify that I a	ttended the	deceased fr	om9/25	/53 , 19	,	9/25/5)		that I last saw th
2	deceased alive	on 7/20/33		and that de	ath occur	Ted at 3.3 p. 1 38. ADDRESS University H	£	Balhian	end on the	date stated above 23c. DATE SIGNED 9/26/53:
Dan Ja	BURIAL, CREM	A-I 24B. DATE	-53	-	THE RESERVE OF THE PERSON NAMED IN	RY OR CREMATOR		allis	Lity, town, or	(State)
Surfect	ATE RECEIVED BY OCAL REGISTRAN	Y REGISTRA	R'S SIGNATI	URB S	MIS:	Elvey C	LUL	leve	lora	2 sety
	VS 150	0			2	9068	2			



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BALTIMORE CITY HEALTH DEPARTMENT

8602 H NO.	CERTIFICATI	E OF DEATH	Registered	M 0002
	Downin		2. DATE OF DEATH 2 3	- Sept 53
ACE OF DEATH: altimore City, Maryland		4. USUAL RESIDENCE (f institution: residence before admission)
OLL NAME OF (If not in hospital or institu PITAL OR TIPTION	ation, give street address or location)	C. CITY OR TOWN (I	AND outside corporate limit	its, write RURAL and give
theran Hosp. of	Nel Yrs.	BALTIMO (rural, give location)	-08 township)
ength of stay in Baltimore	Hears Mos.	3610 El	n Avenu	
	E, MARRIED, WED, DIVORCED (Specify)	Dec: 7 1890		ff Under 1 Year If Under 24 Hours Ionths Days Hours Min.
ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	MANIL VAMA	oreign country)	12. CITYZEN OF
Charles to Noumin)	14. MOTHER'S MATOEN N	INIA) TIO	alui.
VAS_DECEASED EVER D. U.S. ARMED FORCES? o or uninown) (If yes, kiv) war ut/dytes of service)	16. SOCIAL SECURITY NO.	17 ANYORMANT)	num) 3/210/6	DORESS Pro
B. 142011	1 .0 0 - 0 .0 .	OF DEATH	WIO SOIO C	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser injury or complication which caused deat	g., (A) Ore	navy artery	clisease	7
ANTECEDENT CAUSES			1	- 21
DISEASES OR CONDITIONS, IF ANY, GIV	THE DUE TO	ary artery c		JIJ SYCAYS 4
UNDERLYING CONDITION LAST.	(c) (9 ₁	evius clevesis	5	3 Years +
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELA' TO THE DISEASE OR CONDITION CAUSING	TED Y	rinson Is m		
	R FINDINGS OF OPER			20. AUTOPSY?
	ACE OF INJURY (e. g., is, farm, factory, street, office bldg.,		If in Baltimore City,	
ME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE		Y OCCUR?	
2. I hereby certify that I attended th	e deceased from Je	1. 9 1953 to	Sept 25, 19:	that I last saw the
eceased alive on Sept 21, 1953	and that death occur	red at 11 pm., from t	the causes and on	the date stated above.
Miland & Ben	M. D.	Lutheran Ho	14 4cl	Sept 26' 53
DEURIAL SPECIFY, NEW 29-1953	DALLMAN)	ational B	pliemere, M	ayund State)
REGISTRAR REGISTRAR'S SIGNAT		DUMAN TIME	eral Rome.	363/ Holls Rad
VS 150	970	241 9	Forace F. B	rurgee

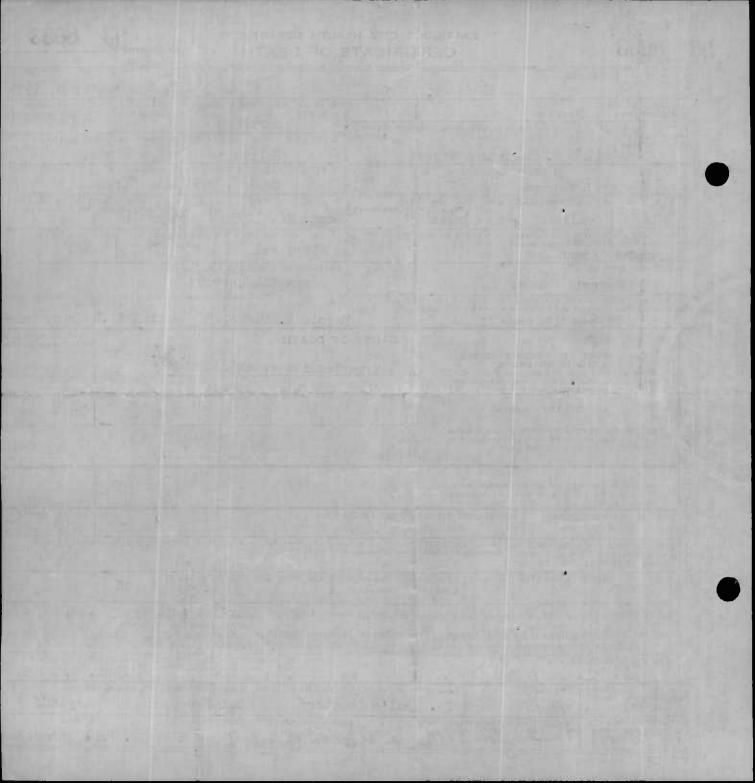


IM	-53	2
8 8	653	
BIRTH	NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	8653
Registered No	

BIRTH NO.						
1. NAME OF (Type or Print))	IRIO A.	MENDES		2. DATE OF DEATH SE	tember 8, 1953
s. PLACE OF	DEATH: City, Maryland			4. USUAL RESIDE	NCE (Where deceased lived.	If institution : residence before admission)
B. FULL NAM	E OF (If not in hospit	al or institution, give stre		Mary	land	
HOSPITAL OF			location)	C. CITY OR TOWN	(If outside corporate lin	nits, write JURAL and give township)
0-0	1200 E. Bal	timore Street		Balt	imore 🤭	ownship)
			Yrs.		SS (If rural, give location)	
c. Length of	stay in Baltimore		Mos. Days	1200	E. Baltimore St	treet
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED	0,	8. DATE OF BIRTH	9. AGE (in years	If Under I Year It Under 24 Hours
Male	White	Single		Sept. 28, 18	593 59 .	Months Days Hours Min.
ork done during mo	occupation (Give kind of stof working life, even if retired) t Seaman	10B. KIND OF BUSIN	NESS OR INDUSTRY	Portugal	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S				14. MOTHER'S MA	IDEN NAME	
	Augusta Mendes			Laura Albi	uquerque	
15. WAS DECEA	SEP EVER IN U. S. ARMET	FORCES? 16. SOCI	AL	17. INFORMANT		ADDRESS
Yes, no or unknow	a) (If yes, give war or date		RITY NO 1		ghe, 50 Central	
18. 44	2 X	74.1	CAUSE O		5110, 90 00110141	INTERVAL BETWEEN
(This do heart fainjury o	ASE OR CONDITION LEADING TO DEA' pes not mean the mode of illure, asthenia, etc. It mea or complication which of ANTECEDENT CAUS	f dying, e. g., (A) ns the disease, aused death.) OUEN	n cardi	tensive art	eriosclerotic isease	ONSET AND DEATH
RISE TO	THE ABOVE CAUSE (A)	STATING THE DUE T	·o			
C OTHER	II SIGNIFICANT CONDI NG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
U 19A. DATE	OF OPERATION 1	98. MAJOR FINDINGS	OF OPERA	TION		20. AUTOPSY?
UNDERLYI	RNAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH.	21B. PLACE OF INJ about home, farm, factory, sta	IURY (e. g., in creet, office hldg., etc	2 IC. WHERE D		yes A NO (
	(Month) (Day) (Year) Y	(Hour) 21E. INJUR WHILE AT WORK	NOT WHILE	21F. HOW DID	INJURY OCCUR?	
the e	vidence obtained by death in my opinion	said Autopsy, Inspressulted from: natu	ection or In ural causes	quiry, find that X, accident	Partial Autopsy Lutopsy, Inspection or Inquir said deccased died on Suicide , homicide	the day stated above, undetermined [].
23A, SIGN	recia- Van	outh	M.C	ASSISTANT ME	OTTORTOR .	Sept. 9, 1953
24A. BURIAL. TION, REMOVAL DURIAL	(Specify)		of CEMETER	etery	Baltimore,	vn, or county) (State) Maryland
DATE RECEIVED SEP 28	ED BY REGISTRAR	S SIGNATURE		Vm. Cook	ECTOR	ADDRESS Paul Street
V S 151	js		67	355		V
			/			



D	A-450							
	BALTIMORE	CITY HE	ALTH DEPAR	TMENT		53	8634	i
В	ODJ4 RTH NO.	FICATE	OF DEAT	ГН	Registe	red No.		
	NAME OF DECEASED MAMIE ALLE	EN			2. DATE OF DEATH	9-2	5-53	
3 A.	PLACE OF DEATH: Baltimore City, Maryland		A. USUAL RESID	DENCE (Whe	re deceased li	ved. If insti TY	tution : reside before adn	ence nission)
В.	FULL NAME OF (If not in hospital or institution, give stre	location)	c. CITY OR TOW	IN . (If ou	tside corporat	limits, wr	RURAL	nd give
11	STITUTION Provident Hospital			imere	-	0	to	wnship)
C.	Length of stay in Baltimore 21/2 y	W. Yrs. Mos. Days	107 N					
5	Female 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVOR Married		OCTOBER		last birthda	ars	Days Hours	Min.
WOT	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSIN k done during most of working life, even if rotired)	ESS OR INDUSTRY	11. BIRTHPLACE				CITIZEN OF	
1:	un en ployed COOK B. FATHER'S NAME		S.C.	AIDEN NAM	E	IU.	S.A.	
	Walter Robinson		nanc	y ?				1
(Y	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NONE NONE	RITY NO.	HENRY SC	COTT-11	O7 N.M	ONROE		
	18. 443× 1	CAUSE C	F DEATH				INTERVAL BE	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cereb	o Vascus	lan Ge	ciden!	/		
	(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	*************************				00000401:04:000Dpao.	**************************************	•••••••
	ANTECEDENT CAUSES	Hypu	tensive Co	andio Vi	as cula	Riser	e	
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE T		•••••••		*******************		***************************************	
CA	UNDERLYING CONDITION LAST. (C)	**-	******************************			· · · · · · · · · · · · · · · · · · ·		
RTIFI	11							
CER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
AL	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED			CAUSE OF PART I OR		TER IN		10
EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF about home, farm, fact DEATH (NOTIFY MEDICAL EXAMINER)	FINJURY (e tory,street,office b	g., in or 21C. WH	ERE DID (If OCCUR?	in Baltimore	e City, give	e exact locat	lon)
Σ	OF INJURY WHILE AT	Y OCCURRE	E	א סוס וא	RY OCCUR?			
	22. I hereby certify that I attended the deceased			53, to Se	pt. 25	, 19 <u>53</u> , ti	hat I last s	aw the
	deceased alive on Sept. 25, 1953, and that	death occur	red at 5: sop.	n., from the	causes and	d on the c	late stated	above.
	23A. SIGNATURE Drye R. Leyni	, M. D.	Provin	Sent	Hispit	al 2	9- 25-	
2	4A. BURIAL, CREMA 24B. DOFE 24C. NAME ON, REMOVAL (Specify)	OF CEMETER	RY OR CREMATOR		CATION (Cits		county)	(State)
	BURTAL 9/29/53 PARKS	BAPTIS	T CEM.		TON,S.		DRESS	
	OCAL REGISTRAR P 28105344 + to Whistor	M	halle	2/2/t	vobe	1		
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MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 Registered No. 8655

(T ₃	NAME OF D ype or Print)	Lettie X	ela		2. DATE OF DEATH	9-27-53
	PLACE OF D Baltimore C	EATH: City, Maryland		A. STATE		lived. If institution : reside NTY before adn
HC	FULL NAME OSPITAL OR STITUTION	Baltimer	al or institution, give street address of Gity Respitation stern Ave.	r		ate Units, write RURAL a
c.	Length of s	tay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give loca	
	SEX	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (in	
work	A. USUAL OC doneduring most Housew:	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRED	11. BIRTHPLACE (Sta	e or foreign country	12. CITIZEN OF WHAT COU
	FATHER'S			14. MOTHER'S MAID		
15. (Yes	NO.	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. Re	coris, 4940	ADDRESS Eastern Ave.
	injury or	re, asthenia, etc. It mea complication which c	aused death.) DUE TO Regul	tinal Asphyria	od	
CATION	injury or DISEASES RISE TO T	complication which c ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	SES Section F ANY, GIVING STATING THE STA	rgitation of for 21A-Underlyin on 21C-Balto.Ci	od g, 21B-hosp ty Hosp49	40 Eastern Ave
CERTIFICATION	DISEASES RISE TO T UNDERLY OTHER SIG TO THE DISEASE O	complication which complication which complies the complete comple	FANY, GIVING STATING THE SECTION (C) Section Section (CONTRIBUTING RELATED TO THE Fracture	rgitation of for 21A-Underlying 21C-Balto.Ci on 21D-9/27/53-on 21F-Regurgit	ty Hosp49 21E-Not wheted food	40 Eastern Ave
DICAL CERTIFIC	OTHER SIGNOTHE DISEASE OF CONTRIES OF CONT	COMPLICATION WHICH COMPLICATIONS, IN ADOVE CAUSE (A) IN CONDITION LA CONDITION CAUSING OF OPERATION 1 WAS UNDERLYING CAUSE OF CAU	SES Section F ANY, GIVING STATING THE DUE TO Section CONTRIBUTING RELATED TO THE Fracture STATEMENT OF THE SECTION OF THE SE	rgitation of for 21A-Underlying 21C-Balto. Cit on 21D-9/27/53-on 21F-Regurgit re of hip Of hip (c. g., in or 21C. WHERE boldge, etc.) INJURY OCC	ty Hosp49 21E-Not where a food Peration Was Reserved for Death, Earl or Part II DID (If in Baltimour?	ATED TO AUTOP
AL CERTIFIC	OTHER SIGNOTHER DISEASE OF CONTRIED OR CONTRIED DEATH (NOT	complication which complication which complications, is seen to the complete complet	SES Section F ANY, GIVING STATING THE DUE TO Section CONTRIBUTING RELATED TO THE Fracture STATEMENT OF THE SECTION OF THE SE	rgitation of for 21A-Underlying on 21C-Balto. Cit on 21D-9/27/53-on 21F-Regurgit re of hip OPERATION OF hip CAL	ty Hosp49 21E-Not where food peration was rese of peath, earling or part in the part in	LATED TO LAT
EDICAL CERTIFIC	other signother	ANTECEDENT CAUSE ANTECEDENT CAUSE SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA II SINIFICANT CONDITIONS DEATH BUT NOT II R CONDITION CAUSING F OPERATION 1 W ENT WAS UNDERLYI BUTING CAUSE OF TEY MEDICLEXANINE Month) (Day) (Year) Y certify that I att	SES Section FANY, GIVING STATING THE STATING THE CONTRIBUTING RELATED TO THE STATING BB. CONDITION FOR WHICH COVAS PERFORMED Reduction ING STATING THE SECTION SEC	rgitation of for 21A-Underlying on 21C-Balto.Cipn. 21D-9/27/53-0n 21F-Regurgit re of hip of hip of hip of hip rebidg.ctc.) RED 21F. HOW DIRECT RE	ty Hosp49 21E-Not whe sted food Depending of Death, see of Death, see of Death IDDID (If in Baltimour? Clarks Side injury occurs of Death, see of Death	LATED TO LOCALIDADES LA LOCALI
MEDICAL CERTIFIC	other signous of the	ANTECEDENT CAUSE ANTECEDENT CAUSE SOR CONDITIONS, III HE ABOVE CAUSE (A) ING CONDITION LA III SINIFICANT CONDITIONS DEATH BUT NOT II R CONDITION CAUSING F OPERATION 1 W ENT WAS UNDERLYI BUTING CAUSE OF TEY MEDICLEXANINE Month) (Day) (Year) 10 10 11 12 13 14 15 15 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	SES Section FANY, GIVING STATING THE STATING THE CONTRIBUTING RELATED TO THE FRACTUR 9B. CONDITION FOR WHICH COVAS PERFORME Reduction ING 21B. PLACE OF INJURY about home, farm, factory, street, office (Hour) 21E. INJURY OCCURE WHILE AT NOT WH WORK Tended the deceased from tended the deceased from 19 , and that death occur M. D.	rgitation of for 21A-Underlying on 21C-Balto.Cipn 21D-9/27/53-0n 21F-Regurgit re of hip residence. The selection of hip residence in the selection of hip residence. The selection of hip residence in the selection of the	ty Hosp49 21E-Not. where ted food peration was respected food peration was respected food complete the period of the perio	CATION AUTORIO POR CATION AUTORI
MEDICAL CERTIFIC	other signother	ANTECEDENT CAUSE ANTECEDENT CAUSE SOR CONDITIONS, III HE ABOVE CAUSE (A) YING CONDITION LA III INIFICANT CONDITIONS DEATH BUT NOT II IR CONDITION CAUSING FOPERATION II WAS UNDERLYI BUTINGS CAUSE OF IFY MEDICAL EXAMINE Month) (Day) (Year) Y certify that I att live on 1000 TURE CREMA- Live on 248. DATE CREMA- Live on 248. DATE Live on 248. DATE Live on 248. DATE Live on 248. DATE CREMA- Live on 248. DATE Live on 368.	SES Section FANY, GIVING STATING THE STATING THE CONTRIBUTING RELATED TO THE STATING BB. CONDITION FOR WHICH COVAS PERFORMED Reduction ING STATING THE SECTION SEC	rgitation of for 21A-Underlying on 21C-Balto.Cip on 21D-9/27/53-on 21F-Regurgit re of hip of hip resident of h	od g, 21B-hosp ty Hosp49 21E-Not. wh eted food OPERATION WE RE SE OF DEATH. II DID (If In Baltimour? Clarkson Si D INJURY OCCUR O Sept. 27 om the causes an Add. LOCATION (Ci A. A. Co.	CATION AUTORIO POR CATION AUTORI

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ВІ	P 53 8556 BALTIMORE CITY IN CERTIFICATION	HEALTH DEPART		Registered		8656
(T	NAME OF DECEASED WANDA	abbott		of SEP	28	1953
Α.	PLACE OF DEATH: Baltimore City, Maryland Colley - 3 FULL NAME OF (If not in hospital or institution, give street address	A. STATE	ENCE (W	here deceased lived. B. COUNTY	If insti	before admission
H	OSPITAL OR JOHNS HOSPITALIOCATION	c. CITY OR TOWN	(If	outside corporate lir		
-	Yrs Mos Length of stay in Baltimore Day	11	ESS (If	rural, give location)		
-	SEX G. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci	8. DATE OF BIRTH	1/A	9. AGE (In years)	li Under Months	1 Year H Under 24 Hours Days Hours Min.
	A. USUAL OCCUPATION (Givekindor 10B. KIND OF BUSINESS OR INDUSTRESS OF COMMON OF BUSINESS OR INDUSTRESS OF COMMON OF THE PROPERTY OF THE PROPE		State or fo	oreign country)	12.	CITIZEN OF WHAT COUNTRY
13	3. FATHER'S NAME	14. MOTHER'S MA	AIDEN NA	AME / S = 0		
15 (Ye	5. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 16. NO OF UOLNOWE) (If yea, give war or dates of service) 16. SECURITY NO	17. INFORMANTS	1 HOPK	INS HOSPITAL	ADDR	ESS
Z	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)	po cardial fumation	Ins ska	ng fiewin e + Dis ea		INTERVAL BETWEEN
CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	cute Re	um a	Tic ter		? 3 16 4 1910
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ultip le	Thom	toses		
AL	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	THE SECRETARY OF	PART I	TION WAS RELATED OF DEATH, ENTER OR PART II	IN	20. AUTOPSY?
EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e. g., in or 21c, WHE! INJURY O	RE DID ((If in Baltimore Ci	ty, give	exact location)
Σ	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP WHILE AT NOT WORK AT W	HILE	מוס ואן	TURY OCCUR?		
	22. I hereby certify that I attended the deceased from deceased alive on 7 - 7 - 19 5/2 and that death occ			-28-, 19 he causes and or	the d	
	23A. SIGNATURT Ohn 1. Legin Aus. D.	23B. ADDRESS JOHNS H	OPKIN!	S HOSPITAL		3c. DATE SIGNED 9 28 53 outly) (State)
TI	4A. BURIAL, CREMA- 24B. DATE OF CEME	/	77	14	, 04 0	ha /

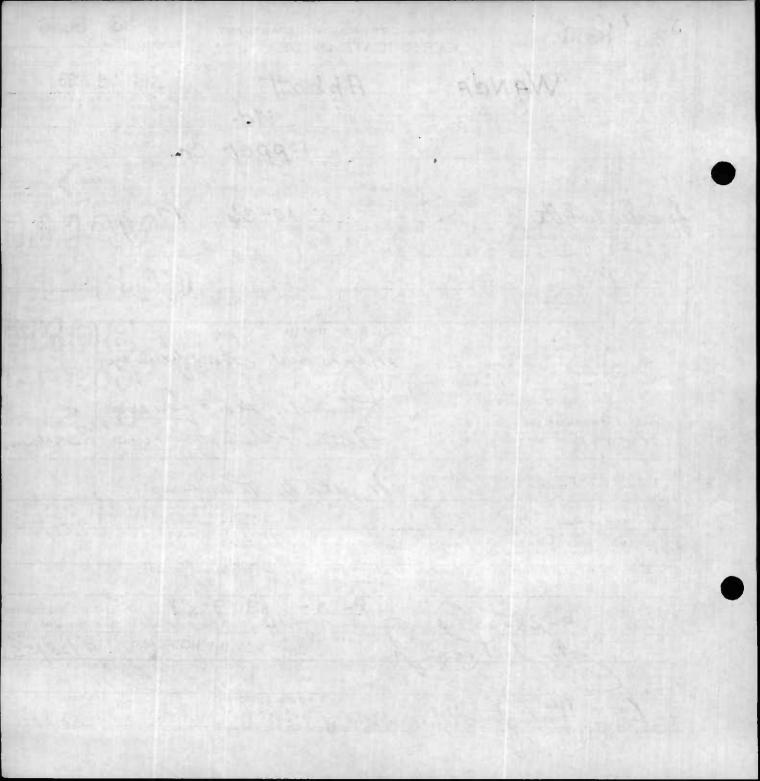
Barial DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S Instrugton /

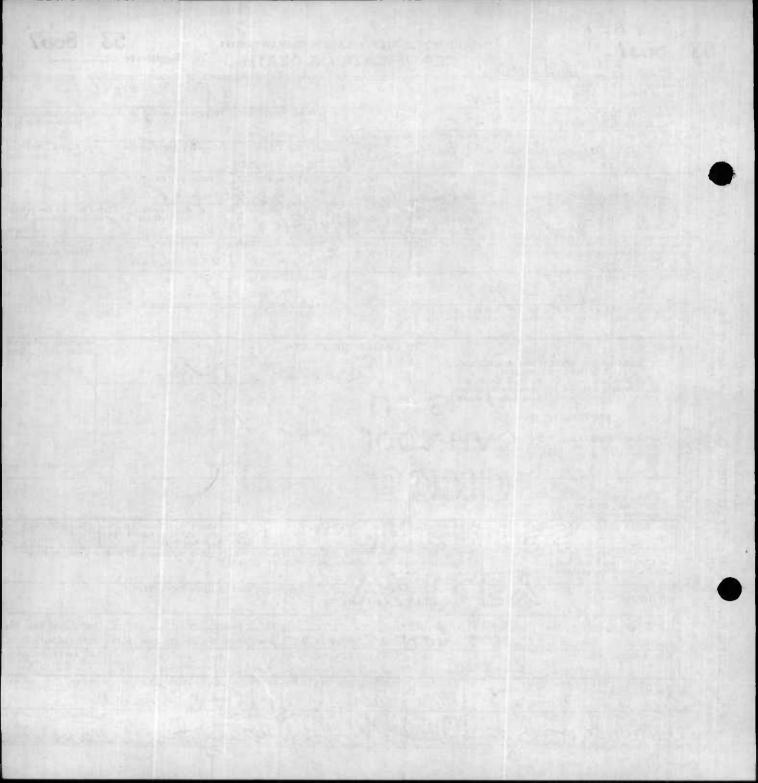
ADDRESS

SEP 281953

25. FUNERAL DIRECTOR



BALTIMORE CITY HE			Posist		8657
600 CERTIFICATE	E OF DEA	TH	Kegist	ered No_	
COLLINI			2. DATE OF DEATH	9/27/	53
nd	4. USUAL RESI	DENCE (W	here deceased I		itution : residence before admission
hospital or institution, give street address or	many			1	13
Hospital, Baltimore, his	Baltin	ore	1	0	fite RURAL and give township
Yrs. Mos. Days	D. STREET ADD	60	rural, give locat		
RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIR	тн 3	9. AGE (In y last birthd		r I Year If Under 24 Hours Days Hours Min
rekind of 10B. KIND OF BUSINESS OR INDUSTRY	Baltimo	1	reign country)	0	CITIZEN OF
. 0	14. MOTHER'S	MAIDEN NA	ME		
ne fr.	John	a a	nna	Jas	reinski
ARMED FORCES? 16. SOCIAL rordates of service) SECURITY NO.	17. INFORMANT			ADDF	RESS
CAUSE	OF DEATH			211	INTERVAL BETWEE
TION DIRECTLY	+ -	T. /	nos)	40 min
mode of dying, e.g., It means the disease, which caused death.) DUE TO	mauni	J (a			Tomin
CAUSES					
ONS, IF ANY, GIVING SE (A) STATING THE OUE TO ON LAST. (C)			. ** 9.40 \$ *** • • • • • * • • • • • • • • • • •	101101010000000000000000000000000000000	
(6)		***************************************	***************************************	•••••	
NITIONS CONTRIBUTING NOT RELATEO TO THE AUSING IT.					
198. CONDITION FOR WHICH OF WAS PERFORMED	PERATION	CAUSE O	TION WAS REL		20. AUTOPSY?
DERLYING ZIB. PLACE OF INJURY (JSE OF about home, farm, factory, street, office XAMINER)	e. g., In or 21C. Wholdg., etc.) INJURY	OCCUR?	If in Baltimor	re City, giv	e exact location)
(Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HO	M DID IN	URY OCCUR	?	
m. WHILE AT NOT WHII	K,L		,		
		53, to			hat I last saw to
, 1953, and that death occur	3B. ADDRESS	in., from th	c A - A		ace stated abou
1. Santamarca M.O.	Mercy 4	ospila	Dalto 2		9/28/53
29/53 24c NAME OF CEMETE	RY OR CREMATOR	RY 240 L	CATION WILL	nurl	county) (State
truston Williams Mg	Thelip !	Prur	er Sens	Oil	Pars 28
		-	7 7		



3-655

NAME OF DECEASED

TH NO

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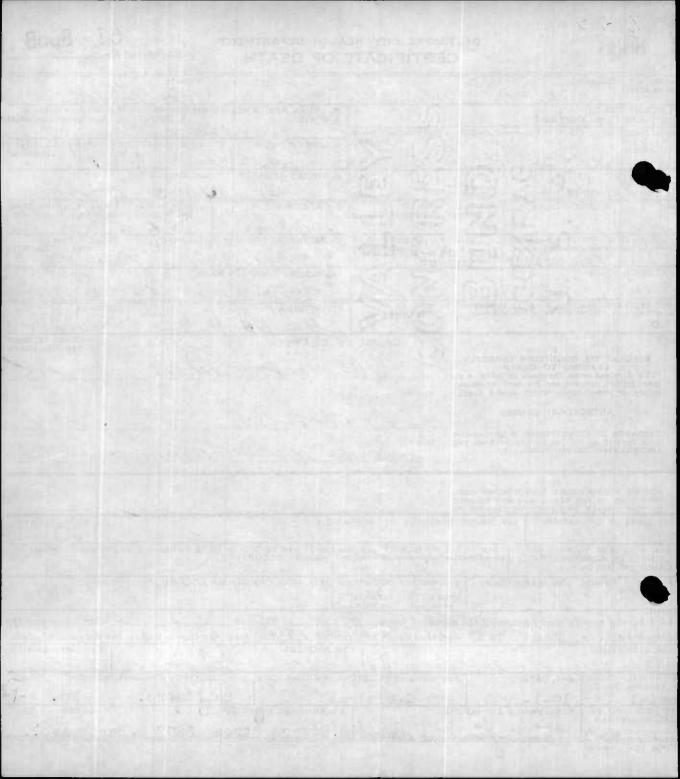
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8658
Registered No.

2. DATE

OF DEATH

LACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) Baltimore City, Maryland ULL NAME OF (If not in hospital or institution, give street address or Incation) SPITAL OR (If outside corporate limit, write RVRAL and give C. CITY OR TOWN TITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. -Mos. LANRENS. en th of stay in Baltimore 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE WIDOWER 11. BIRTHPLACE (State or foreign country USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 12. CITIZEN OF one during most of working life, even if retired) WHAT COUNTRY? American Railugay RETIRED Driver FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. no SAME ASABOL INTERVAL BETWEEN 18. CAUSE OF DEATH 6010X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) PYCLONEPHRITIS DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO PROSTATIC HYRSETROTHY UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS 19A. DATE OF OPERATION YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT 1955 to_ 195, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 7/28, 19.53, and that death occurred at 1 554m., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED . BURIAL CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Baltimore, 10-1-1953 New Cathedra TE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE CAL REGISTRAR Howard Strong 3207 W. North Ave. VS 150



5	G. 45 3.8659
	I. NAME OF DECEA (Type or Print)
	3. PLACE OF DEATH A. Baltimore City,
у.	B. FULL NAME OF HOSPITAL OR INSTITUTION 2
legriol	c. Length of stay
and	5. SEX 6. C wh
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Bo. 8659

BIRTH NO.			OLIVIII IOMII	_ 0. 04/.				
I. NAME OF E (Type or Print)		Howard	l Gilmour			2. DATE OF DEATH Sep	t. 26,	1953
	City, Maryland			A. STATE	1	ere deceased lived. B. COUNTY		residence fore admission)
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit		ion, give street address or location)	c. CITY OR TO	WN (If or	none	mits, write R	URAL and give township)
c Length of	stay in Baltimore		life Yrs. Mos. Days	o. STREET ADD		ral, give ocation)		10
5. SEX male	6.COLOR OR RACE white		E. MARRIED, (ED, DIVORCED (Specify)	8. DATE OF BIE		9. AGE (In years last birthday) 65	H Under 1 Year Months Day	
work done during most	CCUPATION (Give kind of of working life, even if retired) t - retired		OF BUSINESS OR INDUSTRY	II. BIRTHPLAC		ign country)	U. S	AT COUNTRY?
13. FATHER'S	NAME			14. MOTHER'S	MAIDEN NAN	1E		
Wm. Or	em Gilmour			Saral	h (jinka	nown)		
15. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16, SOCIAL SECURITY NO.	17. INFORMAN' Mrs. Eliza		29 lmour Slau	ADDRESS	Paul St.
18. 1/-			CAUSE	OF DEATH				RVAL BETWEEN
(This doe heart fail	SE OR CONDITION LEADING TO DEA' s not mean the mode cure, asthenia, etc. It means to complication which comp	TH of dying, e. g ns the diseas	e,	rul Hem	mleze		1	weeks
RISE TO	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVIN	(B) arter	rivseleeste velor the	an Cereb	w-lack	-34	ys
W OISEASE	GNIFICANT CONDITIONS DEATH BUT NOT OR CONDITION CAUSING	RELATEO TO						
19A. DATE	OF OPERATION I	9B. CONDI VAS PERFO	TION FOR WHICH OF		CAUSE OF PART I OR		YES	
OR CONTRI	ENT WAS UNDERLY BUTING CAUSE OF TIFY MEDICAL EXAMINE	about	PLACE OF INJURY (liome, farm, factory, street, office	injury occur?				
210. TIME OF INJURY	(Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WOR	HILE				
22. I here	by certify that I at	tended the	deceased from		m., from the	causes and or	n the date	last saw the
23A, SIGNA	culand Ed	userl	Day M.O.	4 E. 33rd	St.		Left.	28,1953
24A. BURIAL. TION, REMOVAL (Burial	CREMA- 248. DATE Specify) 9 - 29		Druid Ridge	RY OR CREMATO		cation (City, to	ryland	
DATE RECEIV LOCAL REGIS		SSIGNATI	T. M. Suga	25. FUNERAL		Sons, Inc. 1	900 Eut	
VS 150	1900	0		11011	Luciul	-		

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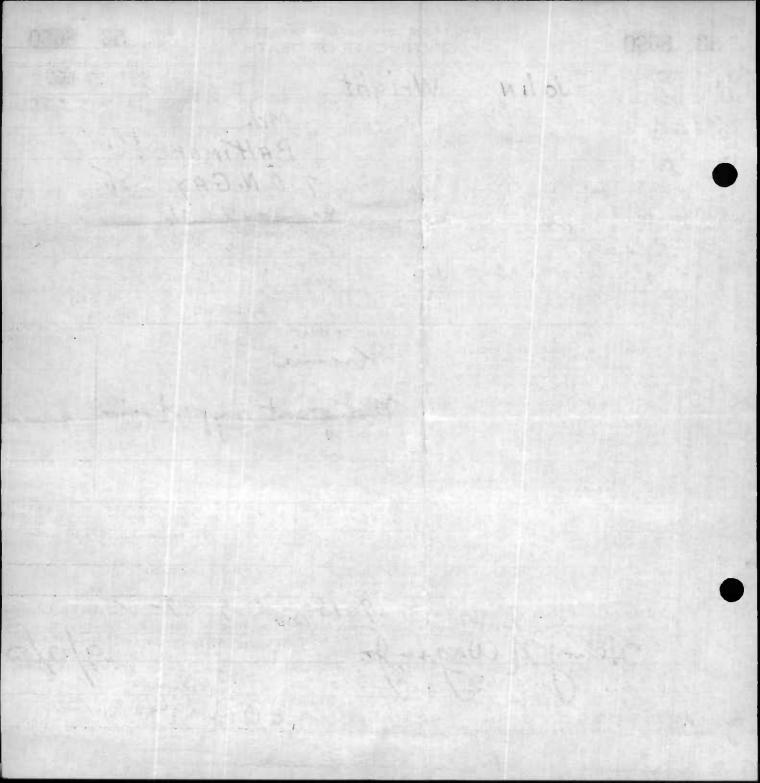
	53	D1	8660 RTH NO.	BALTIMOR CERT
	fully supplied. Tally.	3. A. B.	PLACE OF DECEASED PLACE OF DEATH: Baltimore City, Maryland Cale FULL NAME OF (If not in hospital or SPITAL OR STITUTION) STITUTION MAME OF DECEASED (If not in hospital or SPITAL OR STITUTION)	
D	of information should be see of death clearly and legical	5.	rale negro	SINGLE, MARM WIDOWED, DIVO B. KIND DE BUS IN HE
MARGIN RESERVED FOR BINDIN H UNFADING INK. Every item of infor Physicians: please write the causes of d	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FO. , no or unknown) (If yes, give war or dates of se	RCES? 16. SOO Drylos) SEC	
	FICATION	DISEASE OR CONDITION DIRECTION OF THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	ing, e. g., (A c discase, d death.) DUE	
	L CERTI	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B.	NTRIBUTING TED TO THE CONDITION FO	
	LY, WIT	MEDICA	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Ho	
	ASE WRITE PL.	24	22. I hereby certify that I attend deceased alive on 9-27-19 23A. SIGNATURE 1A. BURIAL. CREMA- 24 DATE 1. REMOVAL (Specify) 24 DATE 27 DATE	m. WHILE AT WORK
	国出	D	ATE RECEIVED BY I CUSTRAR'S S	IGNATURE

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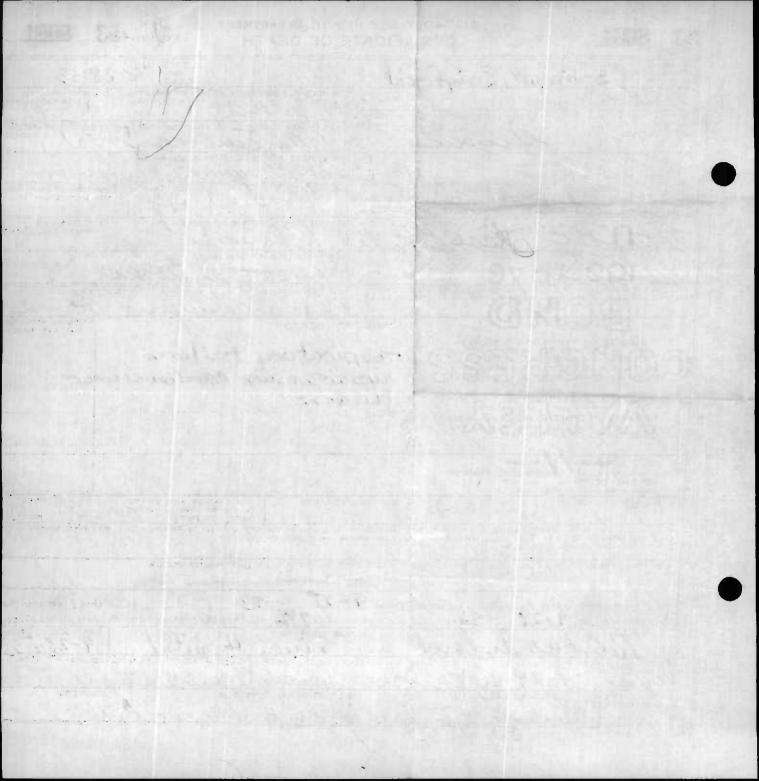
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATI

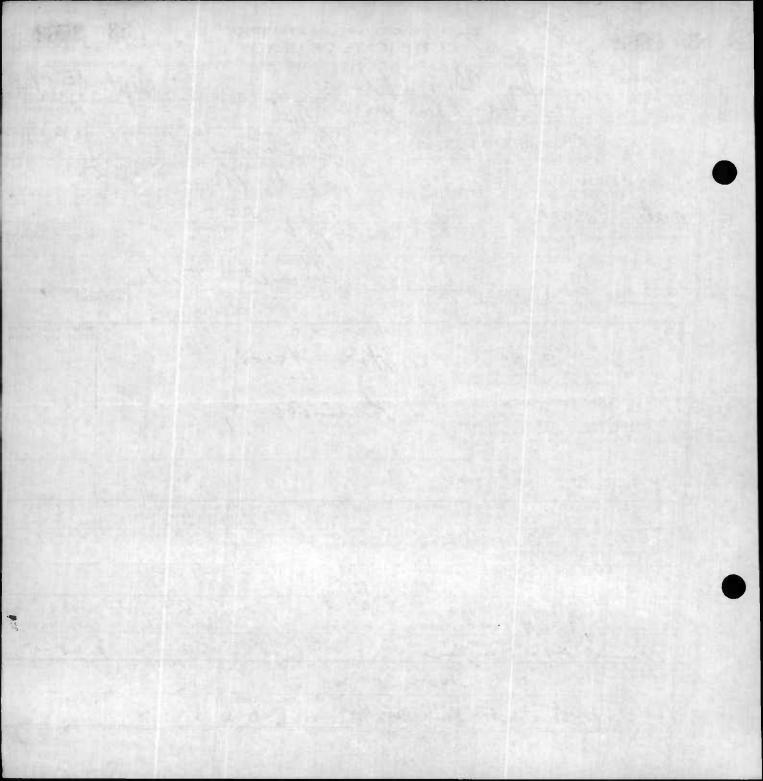
CERTIF	ICATE OF DEA	ATH Registered 418.	
hn Wri	aht	2. DATE OF SEP	27 1953
Osler - 2	A. STATE	SIDENCE (Where deceased lived. If ins	titution : residence before admission)
oopital or institution, give street of		OWN (If outside corporate imas,)	vrite WURAL and give
re 15-yrs.	Yrs. Mos. Days 730	N. GAY S1.	
ACE 7. SINGLE, MARMED, WIDOWED, DIVORCE	B. DATE OF BI	RTH 9. AGE (In years it lost fast hirthday) Month	er I Year H Under 24 Hours hs Days Hours Min.
diad of 10B. KIND OF BUSINES	S OR DUSTRY + love		WHAT COUNTRY?
ight Si,	14. MOTHER'S	MAIDEN NAME Subson	
RMED FORCES? 16. SOCIAL SECURITION OF ACTION 1.	TY NO. 17. INFORMAN	OHNS HOPKINS HOSPITA	RESS
ON DIRECTLY DEATH ode of dying, c. g., t means the disease, ich caused death.) CAUSES (B) (C)	V	t hyperterior	
IONS CONTRIBUTING OT RELATED TO THE JSING IT. 19B. CONDITION FOR W	DICU OPERATION	IF OPERATION WAS RELATED TO	20. AUTOPSY?
WAS PERFORMED		CAUSE OF DEATH, ENTER IN PART I OR PART II	YES NO
RLYING 21B. PLACE OF II E OF about home, farm, factory,		HERE DID (If in Baltimore City, gi	ve exact location)
Year) (Hour) 21E. INJURY (OCCURRED 21F. H	OW DID INJURY OCCUR?	
l attended the deceased from 1933 and that dea	th occurred at 120A	_m., from the causes and on the	
M. Wagner	238. ADDRESS	NS HOPKINS HOSPITAL	23c. DATE SIGNED 9/27/53 Out(ty) (State)
30-58 ab	letus	Ballinon	
RAR'S SIGNATURE	5 FUNERAL	William Ive B	DDRESTUR



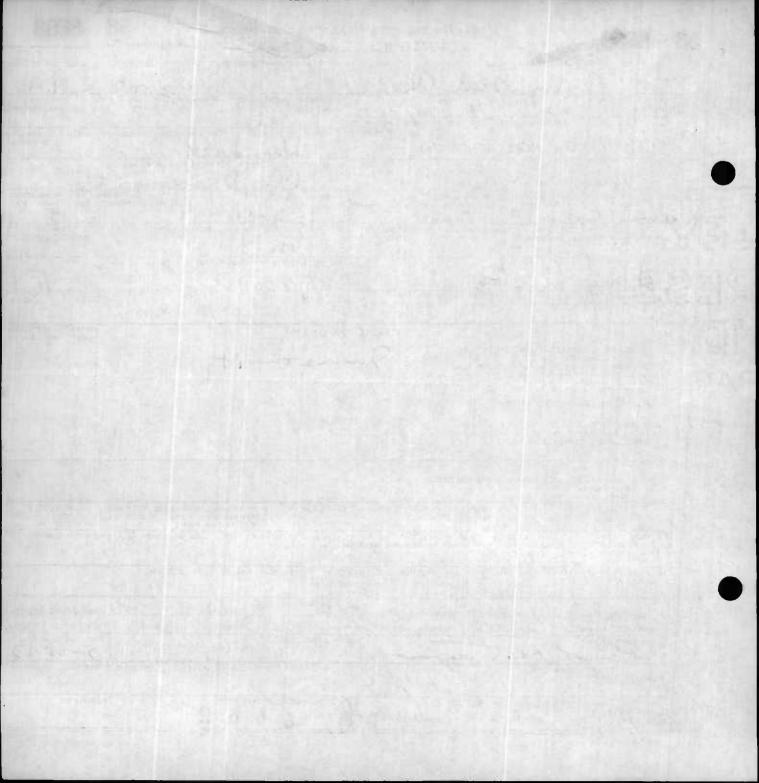
	.6.0.0	if illiportain. I hysicians, prease write the causes of acousticing, and reserve.	AVEAUCE CAN	ge is especially importante invacians, prease	IIIIpor cante	e is especially	50
	egibly.	icians: please write the causes of death clearly and leg	lease write the caus	Physicians: please	important.	e is especially important	81
with supprisons tire	CTOTTO	WALLE FEMALIA WITH ONFADING INVESTIGATION THORINGTON SHOULD BY	. TAVELY A	CIVE ALLING LIVES	INTE WALLE	While Fr	1

3	Jec	1	BALTIMORE CITY HE			Registered	53	8661	
BIF	RTH NO.	And the second	CERTIFICATI	E OF DEA	NIH.	Registered			
(Ту	NAME OF D	Salingar	Saigfraid			OF Q-	28-	53	
	Baltimore (City, Maryland		A. STATE	PIDENCE Wher	e deceased lived. I	f institut	ion : residence before admission	
HO	SPITAL OR	OF (If not in hospital	or institution, give street address or location)	c. CITY OR TO	Wht (If out	side corporate m	Its write	BULAD and giv township	
	-	1000	Yrs.	D STREET AN	ÓRESS (If rura	al. give/location)	10		
с.	Length of s	stay in Baltimore	16 Mos.	16195	Wyne	Jalle	Pari	Kevay.	
5.	ale	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DAYE OF BI	RTH 9	AGE (In years last hirthday)	inder 1 Y Ionths D	ays Houra Min	
		CUPATION (Give kind of of working life, even if retired)			E (State or foreign	rn Lountry)		TIZEN OF HAT COUNTRY	
13.	FATHER'S	NAME		14 MOTHER'S	MAIDEN NAME	Marc	•)		
15.	WAS DECEAS	ED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	O/MS/	nue	more	ADDRES		
(Yes,	, no or unidown)	(If yes, give war or date	s of service) SECURITY NO.	Territo	Salu	uen-	A	suce.	
ERTIFICATION	DISEASE RISE TO UNDERL OTHER SI TO THE	complication which complication which complies to the complete com	FANY, GIVING STATING THE DUE TO ST. (C) CONTRIBUTING RELATED TO THE	oiration entans ease	og caj	rd ioves			
7			98. CONDITION FOR WHICH OF VAS PERFORMED	PERATION		N WAS RELATED DEATH. ENTER PART II		AUTOPSY7	
EDICA	OR CONTRI	ENT WAS UNDERLYIBUTING CAUSE OF	about home, farm, factory, street, office			in Baltimore City	y, give e	gaet location)	
MED	21D. TIME OF INJURY	(Month) (Day) (Year)	WHILE AT NOT WHI	LE	NULNI DID WO	Y OCCUR?			
	22. I hereby certify that I attended the deceased from 9-26, 1953to 9-8, 192, that I last saw the deceased alive on 9-28, 1953 and that death occurred at 724 m., from the causes and on the date stated above. 23A. SIGNAURE 23B. ADDRESS 23C. DATE SIGNED								
	23A. SIGN	det W.	Irland M.D.	23B. ADDRESS	i Hom	ital		-28-43	
2.4 T19		Specify) 9-74	-1.3 Ch ONES A	PLOSES	L TANK	ATION (City, tow	n, or cou	nty) (State	
DA	TE RECEIVE	TRAR 1	S SIGNATURE	25. FUNERAL	DIRECTOR	21006		RESS A	
SE	P 73 75B								





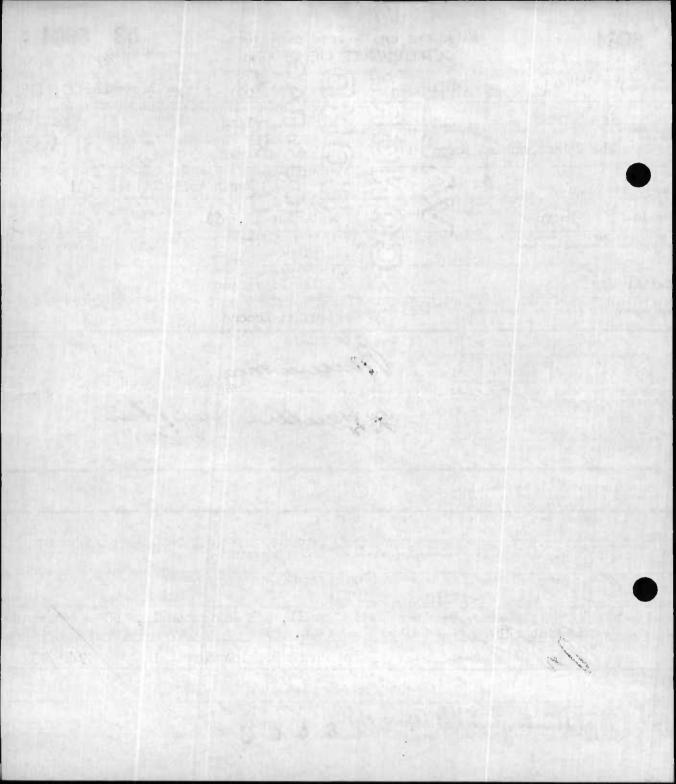
53 18668 CERTIFICATE CERTIFICATE	
1. NAME OF DECESSED (Type or Print) 3. PLACE OF DEATH:	2. DATE OF DEATH ON TO A 21 1952 USUAL RESIDENCE (Where deceased livid, If institution: residence
A. Baltimore City, Maryland A. B. FULL NAME OF (If not in hospital or institution, give street address or	STATE B. COUNTY before admission) BALTO. CITY OR TOWN (If outside corporate limits, write RURAL and give
JOHNS HOPKINS HOSPITAL Yrs. D.	STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	142 Bunkerny Ct.
Famale Coloned 5'male	DATE OF BIRTH 9. AGE (In yeghts If Under 1 fear It Under 24 hours Min. Last birthday) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14	. MØ HER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no of unknown) (Fyes, give war or dates of service) SECURITY NO.	INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	CAUSE OF DEATH, ENTER IN PART I OR PART II
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY MHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9-1 deceased alive on 9-1, 1954, and that death occurred	1972, to 9-21, 1952, that I last saw the lat 9 15 m., from the causes and on the date stated above.
23A. SIGNATURE 23B.	ADDRESS HOPKINS HOSPITAL 23c. DATE SIGNED 9-213
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE TON, REMOVAL (Specify)	ORCREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 125	FUNERAL DIRECTOR ADDRESS
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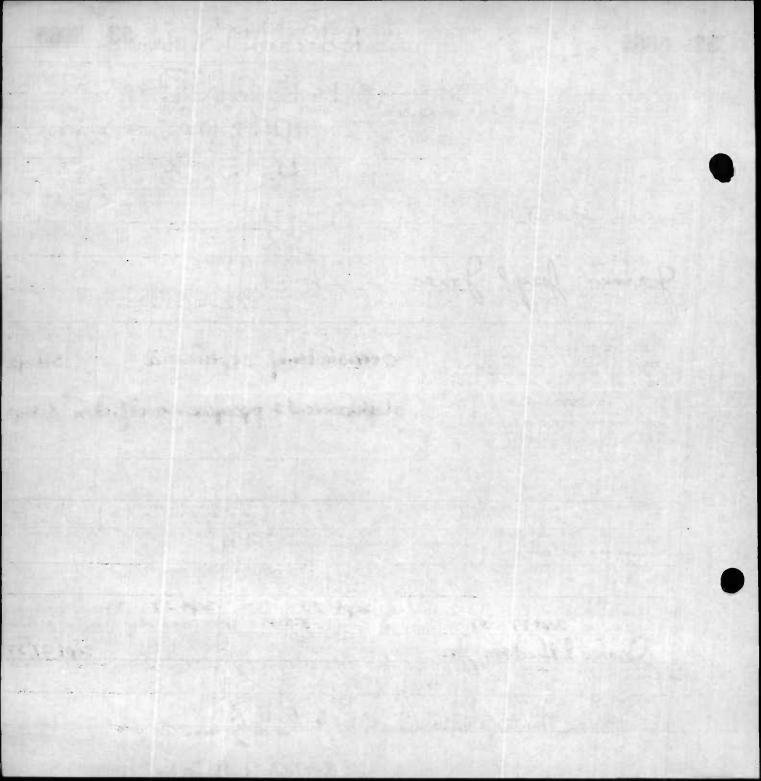
BALTIMORE CITY HEALTH DEPARTMENT

53 8664

TH NO. 53-21992 CERTIFICAT	E OF DEATH Registered No.
Infant of Sallie Boyd	(292107) 2. DATE OF September 11, 1953
LACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Montal and B. COUNTY before admission)
ULL NAME OF (If not in hospital or institution, give street address of location The Johns Hopkins Hospital	OF I
Length of stay in Baltimore Infant Mos. Days	D. STREET ADDRESS (If rural, give location) 103 North Wolfe Street - 31
emale 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years Months Days Hours Min. 6 3
USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR one during most of working life, even if retired) INDUSTR'	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY
FATHER'S NAME Walter Boyd	14. MOTHER'S MAIDEN NAME Sallie Stevenson
WAS DECEASED EVER IN U. S. ARMED FORCES? BO OF UBknown) (If yes, give war or dates of service) 16, SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hospital Records
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	Leuxenia Leuxeine infertin
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	PATION
SA. DATE OF OPERATION O 198. MAJOR PINDINGS OF OPE	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg. CAUSE OF DEATH	
PE (Month) (Day) (Year) (Hour) 21E, INJURY OCCURED WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from Sept deceased alive one tamber 119 52, and that death occurs. SIGNATURE	cember 11, 1953, September 11,1953 that I last saw the arred at 4.23 Pm., from the causes and on the date stated above. 238. ADDRESS The Johns Hopkins Hospital 23c. DATE SIGNED 275/53 ERY OF CREMATORY 240. LOCATION (City, town, or county) (State)
E RECEIVED BY REGISTRAR'S SIGNATURE VS 150 BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET 447 447 447 447 447 447 447 4	25. FUNERAL DIRECTOR ADDRESS



	1.	5 Apostal BALTIMORE CITY HEALTH DEPARTMENT 52	POOF.
253	BI	8665 3 22588 CERTIFICATE OF DEATH Registered R	0000
d. T		NAME OF DECEASED Specific print) 2. DATE OF DEATH SEX	27,1953
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland A. USUAL RESIDENCE (Where deceased lived if is Baltimore City, Maryland B. COUNTY) A. USUAL RESIDENCE (Where deceased lived if is B. COUNTY) A. STATE B. COUNTY	nstitution : residence before admission)
ully s	H	OSPITAL OR ISTITUTION C. CITY OR TOWN (If outside corporate limits, Incation)	write hURAL and give (bwnship)
les	c.	Length of stay in Baltimore Yrs. Mos. Days D. STREET ADDRESS (If rural, give levation)	. St.
ould be		SEX 6. COLOR OR RACE 7. SMGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) 1	Under 1 Year H Under 24 Hoers this Days Hours Min.
sh	10 worl	A. USUAL OCCUPATION (Givekind of a done during most of working life, oven if retired) 10B. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
information of death cl	13	THER'S NAME Insent Jones 14. MOTHER'S MAIDEN NAME	
infor	15 (Ye	AS DECEASED EVER IN U.S. ARYED FORCES! 16. SOCIAL SECURITY NO. 17, INFORMANTOHNS HOPKINS HOSTAD	DRESS
em of i		18. 7680 CAUSE OF DEATH	INTERVAL BETWEEN
very it		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	5 days
Evering Extension		ANTECEDENT CAUSES	
NK	NO.	(B) Distribution of the control of t	ellen a days
NG I	CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	cton 8 days
IFADING I	RTIFICA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	cken 8 days
UNFADIN Physicians:	L CERTIFICA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
VITH UNFADIN tant. Physicians:	ERTIFICA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	YES NO
A. Y. WITH UNFADIN	DICAL CERTIFICA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	YES NO
PLA Y, WITH UNFADIN	DICAL CERTIFICA	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS PERFORMED CAUSE OF DEATH. ENTER IN PART I OR PART II 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH. (NOTIFY MEDICAL EXAMINER) 21B. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Sept 23, 1953, to Sept 27, 1953	yes No Digive exact location)
RITE PLACY, WITH UNFADIN is especially important. Physicians:	MEDICAL CERTIFICA	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e. g., in or CAUSE OF DEATH, ENTER IN Shouthome, farm, factory, atreet, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from AT WORK 23B. ADDRESS M. D. HOPMUS HOSPITAL	that I last saw the e date stated above.
RITE PLACY, WITH UNFADIN is especially important. Physicians:	MEDICAL CERTIFICA	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e. g., in or CAUSE OF DEATH, ENTER IN PART I OR PART II 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. g., in or DEATH (NOTIFY MEDICAL EXAMINER) 21B. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from ATWORK 23B. ADDRESS HODING HOSDITAL	that I last saw the e date stated above.
PLA Y, WITH UNFADIN	DI HA	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e. g., in or CAUSE OF DEATH, ENTER IN Shouthome, farm, factory, atreet, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from AT WORK 23B. ADDRESS M. D. HOPMUS HOSPITAL	that I last saw the e date stated above.



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH AME OF DECEASED e or Print) Infant of Elizabeth Stump (648668)September 5, 1953 DEATH LACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence Saltimore City, Maryland before admission) B. COUNTY Maryland (If not in hospital or institution, give street address or ULL NAME OF c. CITY OR TOWN (If outside corporate limits, write RUEAL and give TITUTION The Johns Hopkins Hospital township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Infant Mos. 1210 Linden Avenue - 17 ength of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years If Under I Year 7. SINGLE, MARRIED last birthday) | Months Days | Hours Min. WIDOWED, DIVORCED (Specify) Male White September 5, 1953 USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF me during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ford Stump Elizabeth Hypea WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Hospital Records 8. INTERVAL BETWEEN CAUSE OF DEATH 61,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

WHILE AT NOT WHILE

WORK

22. I hereby certify that I attended the deceased from Sept. 5. , 19 53 to Sept . 5., 19 53 that I last saw the deceased alive on Sept. 571953 and that death occurred at 1.15 Bi., from the causes and on the date stated above.

23B. ADDRESS

The Johns Hopkins Hospital

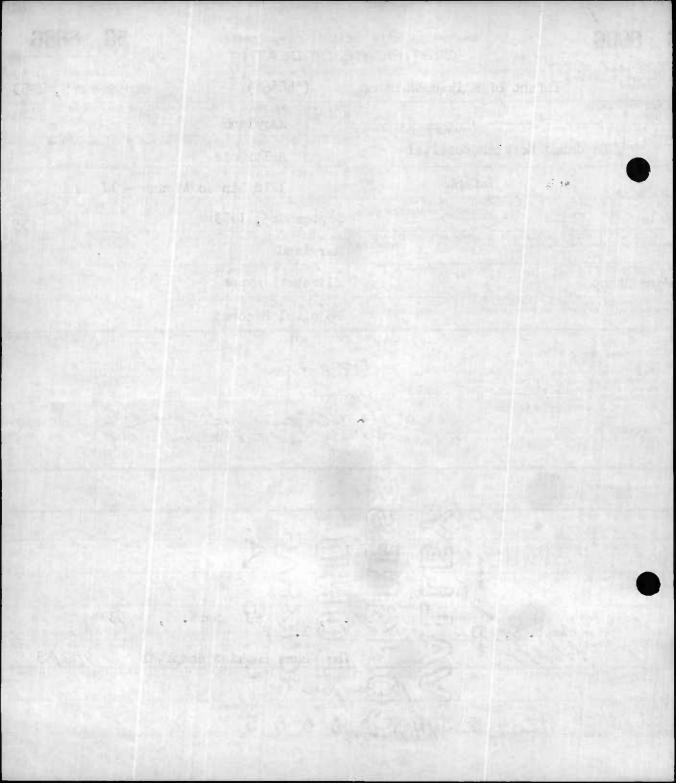
. BURIAL, CREMA-, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

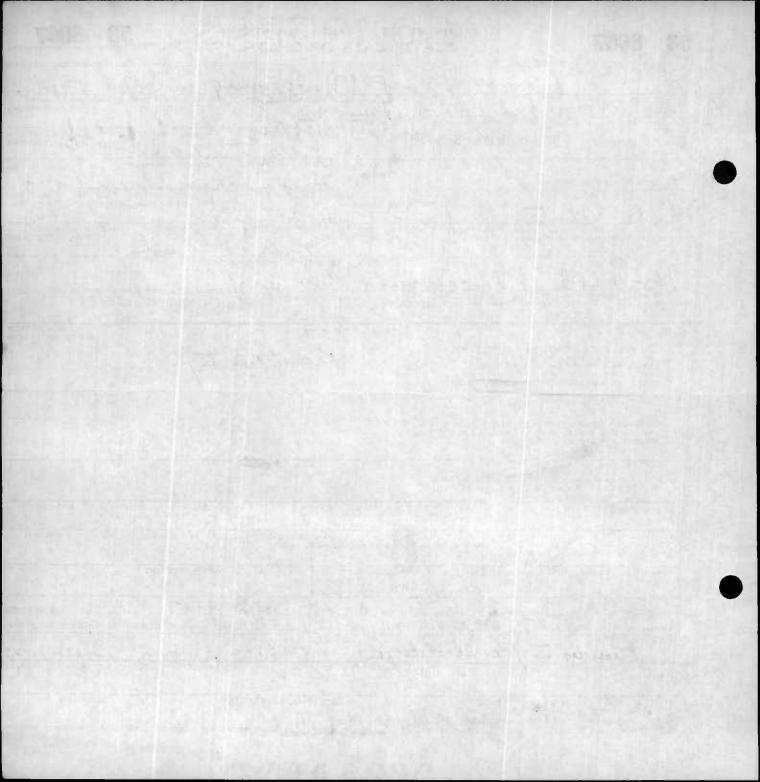
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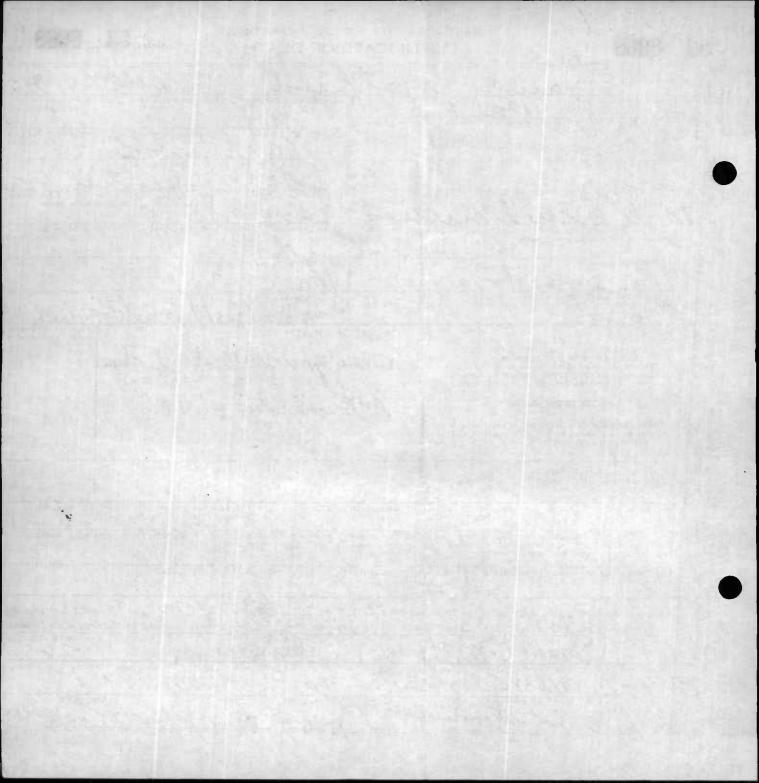
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

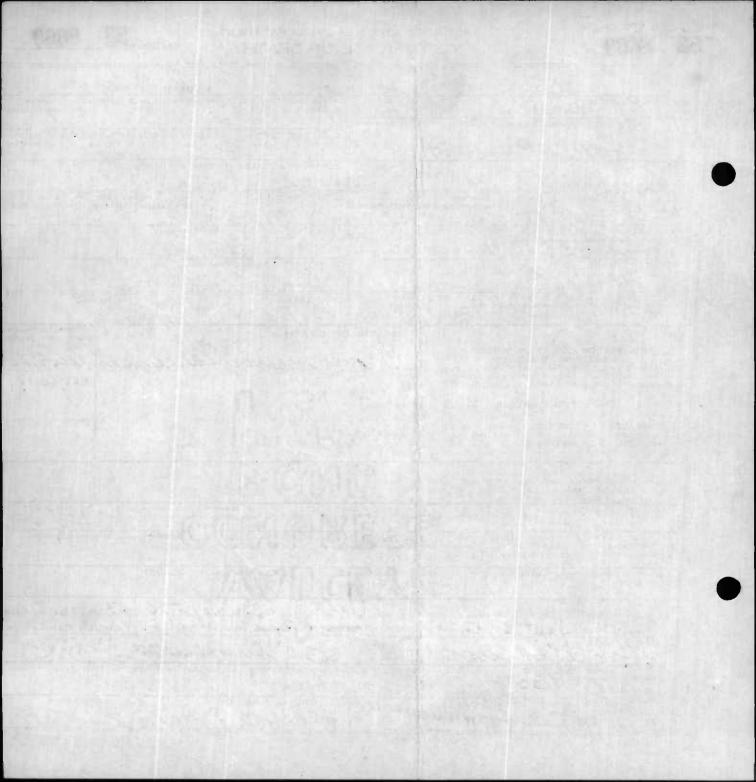






		correct age is especially important. Physicians: please write the causes of death clearly and leg
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1	BALTIN	MORE CITY HE	EALTH DEPARTM	MENT Registere	53 8669
DO	3 8669 CE	d No			
1.	NAME OF DECEASED	p.		2. DATE 9/	
	PLACE OF DEATH:	«ingr in	I CL M	DEATH NCE (Where deceased lived	If institution : residence
Α.	. Baltimore City, Maryland		A. STATE	B. COUNTY	
H	FULL NAME OF (If not in hospital or institution, g	give street address or location)		(If outside corporate li	imits, write RURAI) and give
IN	NSTITUTION 4213 Po-HEN S	t.		Balto 11	D Cownship)
		Yrs. Mos.	D. STREET ADDRES	SS (If rural, give logation)	
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		BUSINESS OR	11. BIRTHPLACE (St	tate or foreign country)	12. CITIZEN OF
	rk done during most of working life, even if retired)	INDUSTRY		esto. Md.	WHAT COUNTRY?
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(X	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. es, no or unknown) (If yes, give war or dates of service)	S. SOCIAL SECURITY NO.	17. INFORMANT	42/30 Pother	ADDRESS
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	injury or complication which caused death.)	DUE TO	/		ME USON ! ?
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HOLL	DISEASES OR CONDITIONS, IF ANY, GIVING			***************************************	
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CEP.	DISEASE OR CONDITION CAUSING IT.				
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OA	21A. ACCIDENT WAS UNDERLYING 218. PLA	ACE OF INJURY ((e. g., in or 21C. WHERI	ART I OR PART II E DID (If in Baltimore C	ity, give exact location)
EDI	OR CONTRIBUTING CAUSE OF about home,	farm, factory, street, office	bldg.,etc.) INJURY OC	CUR?	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E.	INJURY OCCURRE	ED 21F. HOW I	DID INJURY OCCUR?	
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	22. I hereby certify that I attended the deco				n the date stated above.
	23M, SIGNATURE, 77		23B. ADDRESS	1. 07	23c. DATE SIGNED
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2 TI	24A. BURIAL, CREMA- ION REMOVAL (Special) 30	NAME OF CEMETE	ERY OR GREMATORY	24D. LOCATION (City, to	
	Burial 120/33	condon	/ark	Bullo.	ADDRESS
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NAME OF DECEASED

pe or Print)

no or nnknown)

18.

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE OF Mallett, Leo M DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE Towson Md. B. COUNTY before admission)

PLACE OF DEATH Baltimore City, Maryland ULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location) USPhs Hosp. Balto., Md. TITUTION

Weman Park Dr. & 31st St

30 Days length of stay in Baltimore

6. COLOR OR RACE

7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) 108, KIND OF BUSINESS OR

USUAL OCCUPATION (Give kind of INDUSTRY

lone during most of working life, even if retired)
Commander USCG

FATHER'S NAME

Willaim Mallett

WAS DECEASED EVER IN U. S. ARMED FORCES? no or nnknown) (If yes, give war or dates of service) 16. SOCIAL CG Active

SECURITY NO.

C. CITY OR TOWN Towson

1715 Aberdeen St. 8. DATE OF BIRTH

7/20/03 11. BIRTHPLACE (State or foreign country) Nova Scotia

14. MOTHER'S MAIDEN NAME

Catherine Saulnier 17. INFORMANT

Metastasis to Right Lung

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

USPHS Hosp Balto., Md.

Records USPHS hosp Balto., Md.

CAUSE OF DEATH Carcinoma Of Left Lung With

Yrs. Mos.

Davs

DUE TO

DUE TO

218. PLACE OF INJURY (e. g., in or

21E. INJURY OCCURRED

NOT WHILE

about home, farm, factory, street, office bldg., etc.)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease,

injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

UNDERLYING CONDITION LAST.

ME (Montb) (Day) (Year) (Hour)

CAUSE OF DEATH

22. I hereby certify that I attended the deceased from deccased alive on.

23A, SIGNATURE BURIAL, CREMA-248. DATE

CAL REGISTRAR

VS 150

TE RECEIVED BY

25. FUNERAL DIRECTOR

BALTO (If outside corporate limits, write RURAL and give

D. STREET ADDRESS (If rural, give location)

9. AGE (In years | H Under | Year | last birthday) | Months | Days If Under 24 Hours Hours Min. 12. CITIZEN OF WHAT COUNTRY?

US

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

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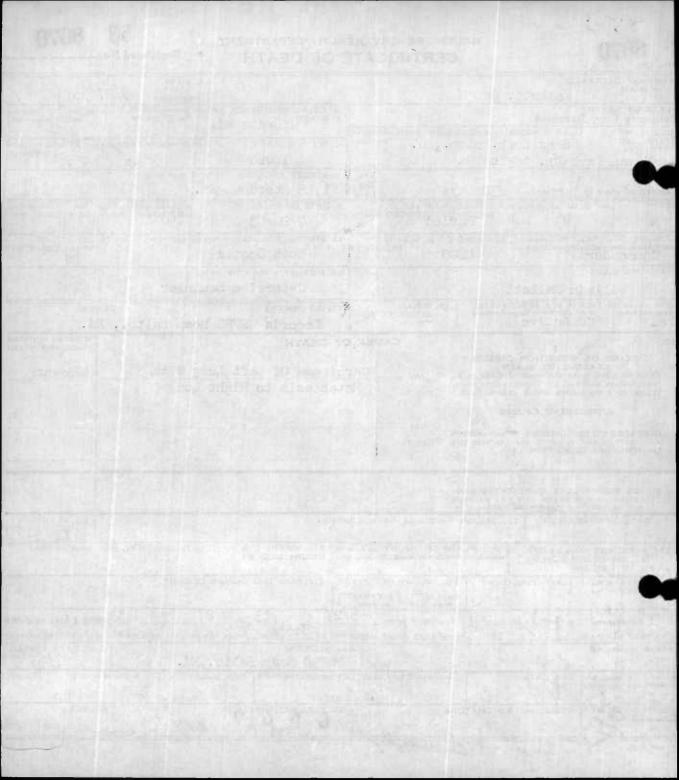
(If in Baltimore City, give exact location)

. 1953, that I last saw the

19 53 and that death occurred at 8:55Am., from the causes and on the date stated above. 23c, DATE SIGNED

24D. LOCATION (City, town, or county)

ADDRESS

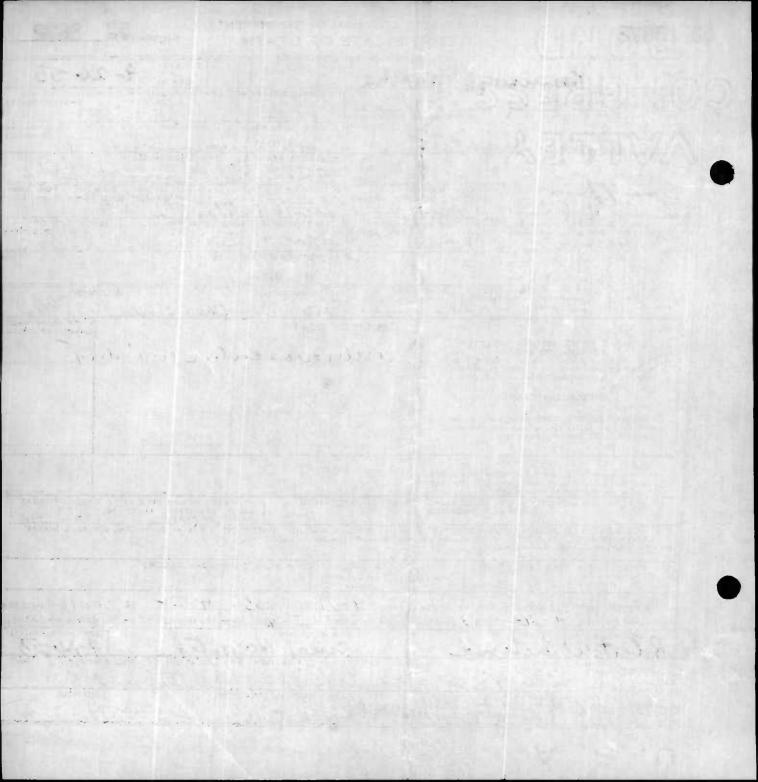


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Α.		City, Maryland		A. STATE	ESIDENCE (V	DEATH DEATH DEATH B. COUNTY		tution:	1953 residence re admission)
H	STITUTION		oreh WesbirgTB	atlon) c. CITY OR	rown (If	outside corporate ll	mits Wr	ite Ry	RAL and give township)
C.	Length of si	tay in Baltimore	Life	Yrs. D. STREET A	DDRESS (If	rural, give location)		Hal	inf.
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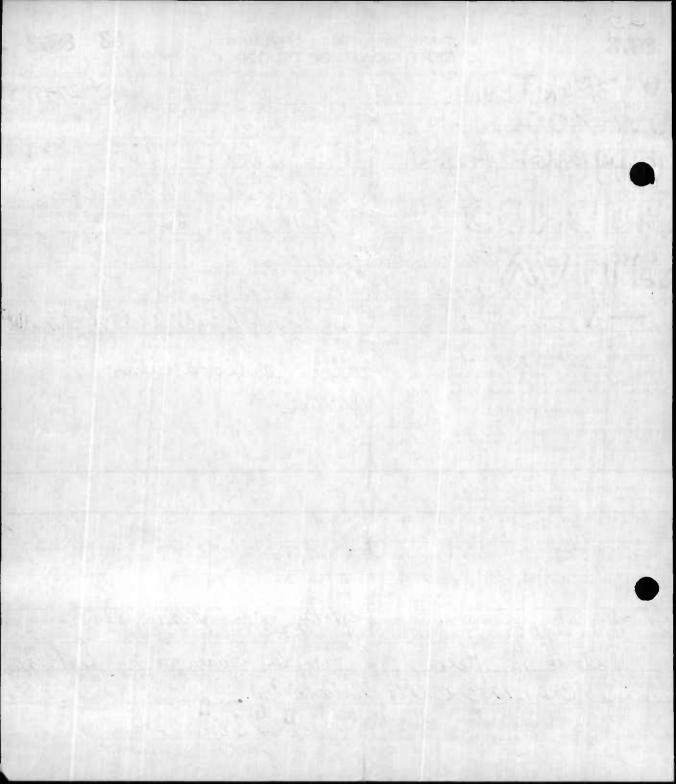
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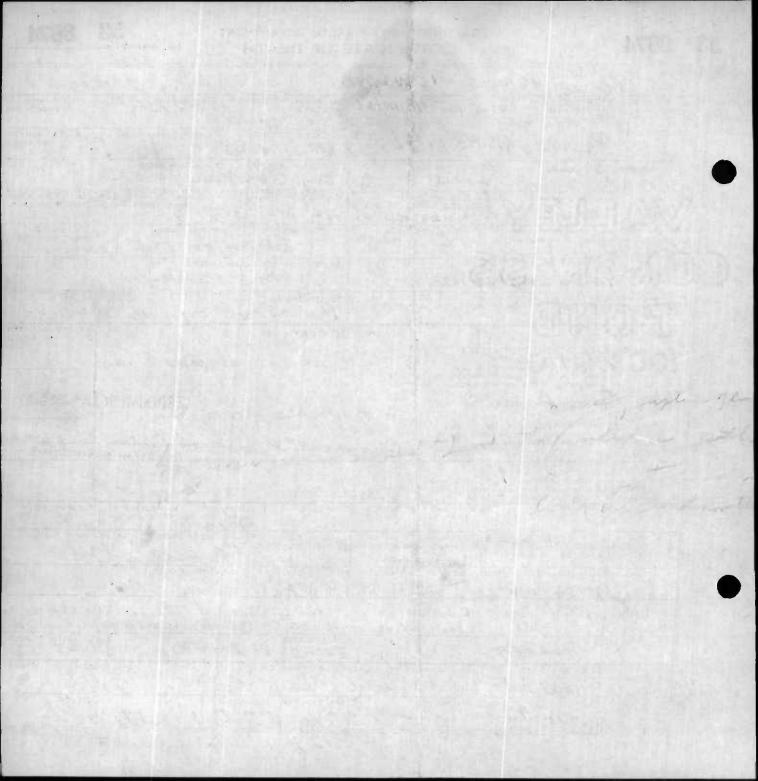


BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH TH NO NAME OF DECEASED 2. DATE e or Print) BROWN DANIE OF DEATH LACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : fesidence Baltimore City, Maryland B. COUNTY before admission) ULL NAME OF (If not in hospital or Institution, give street address or PITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give ownship) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days EX 6. COLOR OR RACE SINGLE, MARRIED. WIDOWED, DIVORCED (Specify If Under | Year BIRTH AGE (In years If Under 24 Hours last birthday) | Months: Days Hours: Min. 66 OSUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF one duting most of working life, even if retired) LNDUSTR WHAT COUNTRY? aborer anone FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 073X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY cardiovascular LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ineare ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 10-27 . 1953 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on AM. 27, 1953, and that death occurred at 8: 30 Am., from the causes and on the data stated above. 23A. SIGNATURE 236 ADDRESS 23d DATE SIGNED uare BURIAL, CREMA-REMOVAL (Specify) 2/AD. LOCATION (City) town, or county) 248. DATE 24C. NAME OF CEMETERY (State) E RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS AL REGISTRAR

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53	OTHER	EALTH DEPARTMENT 53 8674 E OF DEATH Registered No.
d. Th	1. NAME OF DECEASED THOMAS TOWNSEN	
ully supplied.	3. PLACE OF DEATH: A Baltimore City, Maryland PROVIDENT HOSPITAL B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission MARY LAND
fully.	INSTITUTION PROVIDENT HOSPITAL YES.	BALTI'MORE D. STREET ADDRESS (If rural, give location) township
be leg	c. Length of stay in Baltimore LIFE Mos. Days 5. SEX [6. COLOR OR RACE] 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years IN Under 1 Year IN Under 24 Hour
should be	M NEGRO WIDOWED, DIVORCED (Specify MARRIED	4-3-13 last birthday) Months Days Hours Mir
on sho clear!	10a. USUAL OCCUPATION (Givekind of Work dane during most of working life, even if retired) INDUSTR	BALTIMORE Md. AMERICAN
ormation death cle	JOHN TOWSV SEND	MABLE PERRY
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	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH COMMENTS IN THE COMMENTS IN THE CONDITION FOR WHICH COMMENTS IN THE COMMENTS I	CAUSE OF DEATH, ENTER IN
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WRITI e is es	deceased alive on 1-27, 1953, and that death occur	PROPOSENT HOSPITAL 9-28 V3
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BALTIMORE CITY HEALTH DEPARTMENT

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CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF CATHERINE L. REINHARDT DEATH SEPT: 27:1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. Baltimore City, Maryland A. STATE B. COUNTY MARYLAND BALTIMORE B. FULL NAME OF (If not in hospital or institution, give street address or UITY HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION 4614 YORK ROAD townshin) D. STREET ADDRESS (If rural, give location) Yrs. 4614 YORK ROAD c. Length of stay in Baltimore Days information should be of death clearly and l 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH If Under 1 Year If Under 24 Hours 7. SINGLE, MARRIED 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify WIDOWED FEMALE WHITE AUG:19:1873 10A. USUAL OCCUPATION (Givekindef) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
HOUSEWIFE INDUSTRY WHAT COUNTR HOME NEW: YORK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CARL MEYER ANNA C. STRATLEJOHN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO NO. *** HELEN C. WALCOTT. SAME 18. CAUSE OF DEATH INTERVAL BETWEEN 181 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES NO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST CA (C) ERTI 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20. AUTOPSY IF OPERATION WAS RELATED TO WAS PERFORMED CAUSE OF DEATH, ENTER IN PART I OR PART II 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 4 1953 to , 19 3 that I last saw the , 1953, and that death occurred at 2:20 An from the causes and on the date stated above deceased alive on Alst 26 A3C. DATE SIGNED 238. ADDRESS 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) BURIAL BALTIMORE MARYLAND LOUDON PARK CEMETERY DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS

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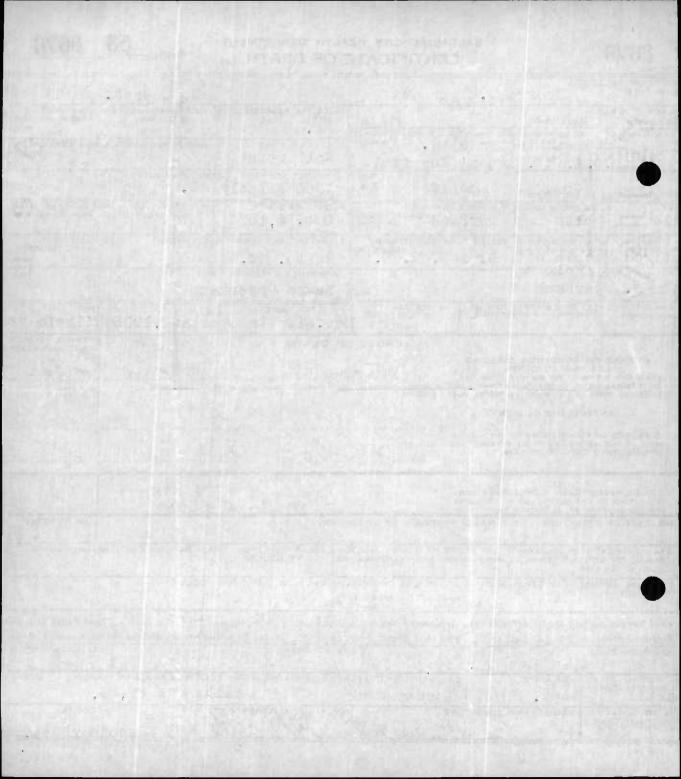
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

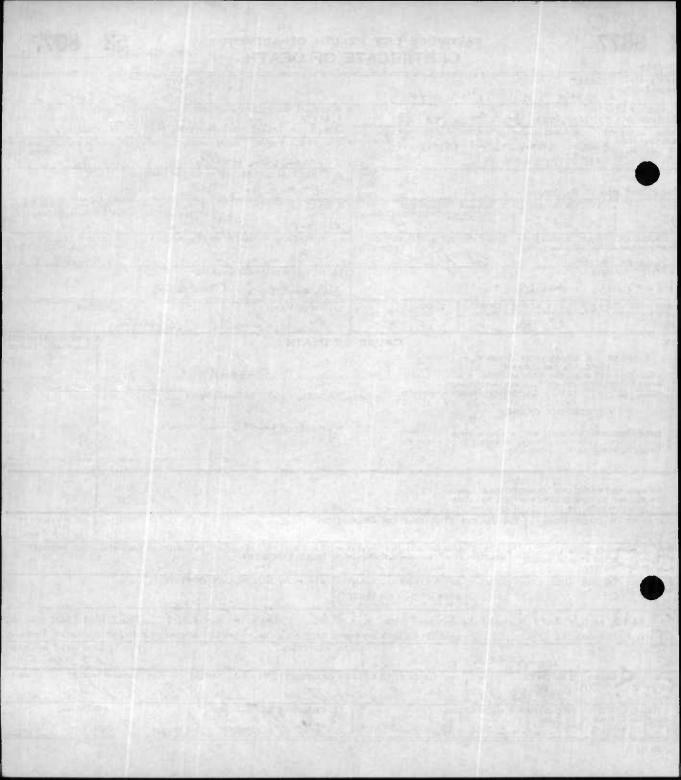
53 8676

NAME OF DECEASED 2. DATE pe or Print) OF DEATH Sept. George S. Sparhawk 26/53 4. USUAL RESIDENCE (Where deceased lived, If institution: residence . PLACE OF DEATH: B. COUNTY before admission) Baltimore City, Maryland A. STATE ULL NAME OF (If not in hospital or institution, give street address or SPITAL OR 2356 ashing ton Blvd. location) C. CITY OR TOWN (If outside comporate GRAL and give township) Baltimore D.O.A. St. Agnes' Hospital D. STREET ADDRESS (If rural, give location) Yrs. Life 1905 Wilhelm St. ength of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (In years) 6. COLOR OR RACE 7. SINGLE, MARRIED. laytoirthday) Months Days Hours Min. If Under 1 Year WIDOWED DIVORCED (Specify) Oct. 3.1876 ale 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF USUAL OCCUPATION (Givekind of) WHAT COUNTRY? one during most of working life even if retired) B. & O. R. R. Balto. Md. FATHER'S NAME HELPET 14. MOTHER'S MAIDEN NAME ohn J. Sparhawk Laura Upperman WAS DECEASED EVER IN U. S. ARMED FORCES?

poor unknown) (If yes, give war or dates of service) Decease 16. SOCIAL ADDRESS 17. INFORMANT SECURITY NO. Irs.Lizetta Sparhawk, 1905 Wilhelm St INTERVAL BETWEEN CAUSE OF DEATH and 4201 ONSET AND DEATH 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, form, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 1950 to lest 26, 1953 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on Sept 76, 1963, and that death occurred at 5 12 m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24D. LOCATION (City, town, or county) A. BURIAL, CREMA 24C. NAME OF CEMETERY OR CREMATORY N. REMOVAL (Specify) Baltimore 29. Md. Loudon Park 30/53 ADDRESS 25. FUNERAL DIRECTOR TE RECEIVED BY REGISTRAR'S SIGNATURE CAL REGISTRAR VS 150



-610	
BALTIMORE CITY HE	EALTH DEPARTMENT 53 8877
CERTIFICATI	
TH NO. NAME OF DECEASED	2. DATE
pe or Print) Anna E aracte	DEATH 26 SEPT 53
Baltimore City, Maryland Baltimore (3)	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTYBALTO before admission)
ULL NAME OF (If not in hospital or institution, give street address or SPITAL OR	Tallson ville Monkton P.O. Thanyland. C. CITY OR TOWN (If outside corporate limits, write RURAL and give
SPITAL OR Union Mamorial teosperation)	y wells a well township)
Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Mos. Days	roulton P.O.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under 1 Year II Under 24 Hours Min.
t W -	August 16-1889 641
. USUAL OCCUPATION (Givekindof lob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin Sweikart.	Flizabeth Voelkes
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
peror uokoowo) (If yes, give war or detes of service) SECURITY NO.	Family Records
18. / 7 A Y CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A)	mone of brearly +
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	as lived medala.
ANTECEDENT CAUSES	neralized metastasis.
(B)	Legalistation
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., i	o or 21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., cause of Death	oto.) INJURY OCCUR?
21 ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF URY	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 26	sept, 1953, to 26 Sept, 1953, that I last saw the
deceased alive on 26 Sept., 1953, and that death occur	rred at 9.45p m., from the causes and on the date stated above.
Danielle	23B. ADDRESS 23C. DATE SIGNED 29 Sept 53
M. D. A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETE N. REMOVAL (Specify)	
MUNIAL (Specify) Sept. 29 1953 St. Johns /	Execting Sweet air Ballo Ca Mid
TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
P 2 91053 Hanting Value 14	John Durna Sous Town, Mid.
Vs 150	



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8678

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered	53	8678
Registered	IN O	

BIRTH NO.			CLIVIIIICAI	E OF DEAT	11	
1. NAME OF					2. DATE	
(Type or Print)	Mrs.	Anna	C. Weininge			Sept. 28,1953
3. PLACE OF I	DEATH: City, Maryland			4. USUAL RESID	ENCE (Where deceased B. COU	l lived. If institution: residence UNTY before admission)
B. FULL NAME		al or institut	ion, give street address o	-11 R/I -	ryland	0/
HOSPITAL OR			location		(If outside corpe	rate limits, write BORAL and give
187	3313 Morav	ia Ave	enue	Be	ltimore	township)
4.8			Yrs.	D. STREET ADDR	ESS (If rural, give loc	eation)
c. Length of	stav in Baltimore		Mos. Days	3313 Mc	ravia Aven	ue
5. SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRT	H 9. AGE (In	years
female	white		PED, DIVORCED (Specify	ov. 4, 188	37 65	nuay) Months Days Hours Aim.
10A. USUAL O	CCUPATION (Give kind of	108. KINE	OF BUSINESS OR		State or foreign country	
at Ho	of working life, even if retired)		INDUSTR		, Waryland	U.S.A.
13. FATHER'S				14. MOTHER'S MA	AIDEN NAME	
2		S	chrodt	?		ok
-	SED EVER IN U. S. ARME		16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown	(If yes, give war or date	os of service)	SECURITY NO.		7 Waininga	r,3313 Moravia
					. Meruruse	INTERVAL BETWEEN
18.	r3X		CAUSE	OF DEATH	0	ONSET AND DEATH
DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY	P	10-		24
(This doc	s not mean the mode	of dying, e. 1	g., (A) Carr	cer of Co	400	2 Jeans
injury or	ure, asthenia, etc. It mes complication which	caused death				
	ANTECEDENT CAUS	SFS				
7	ANTEGEDENT GAGE		(8)			
DISEASE	S OR CONDITIONS, 1		NG			
UNDERL	YING CONDITION LA	AST.				
2			(C)	• • • • • • • • • • • • • • • • • • • •		
DISEASE TO UNDERLU	П					
OTHER SI	GNIFICANT CONDITIONS					
U DISEASE	OR CONDITION CAUSIN	G IT.				
J 194 DATE	OF OPERATION O	VAS PERFO	TION FOR WHICH C	PERATION	IF OPERATION WAS RECAUSE OF DEATH, PART I OR PART II	ENTER IN 20. AUTOPSY7
V ZIA ACCIE	100			(a a in an) 210 WHIT	PART I OR PART II	YES NO Large City, give exact location)
OR CONTRI	DENT WAS UNDERLY	F about	home, farm, factory, street, office	e bldg., etc.) INJURY C	CCUR?	ore Only, give exact incamon)
□ DEATH (NO	TIFY MEDICAL EXAMINI	no ho	me			
21D TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCUR		DID INJURY OCCU	R?
OF INJURY		nı.	WHILE AT WO			
22. I hore	by certify that I at	tended the	deceased from 100	1 195	2 tox 11 - 28	that I last saw the
	alive on 9—26	1957	and that death oce	erred and I'A m	from the causes of	\mathcal{I} , \mathcal{I} , that I last saw the and on the date stated above.
23A. SIGNA		7	D I	238. ADDRESS	1 1 1 1	23c. DATE SIGNED
	N Z	-50	edy M.D.	5706 Hay	and / Il	9-28-573
24A. BURIAL. TION, REMOVAL	CREMA- 248. DATE		24C. NAME OF CEMET		240. LOCATION (C	
Buri al	(Specify) Sept 3	2106	MI-7- Dada	aman Cam	D 744	
DATE RECEIV		1111111	/ DOLV DEDE	MILLER DELLA	J ASS TOT MOT	e. Marvland
				T SCHUNTTAL BIE	Baltimor	e, Maryland
LOCAL REGIS	ED BY REGISTRAR		ORE	NO THE PROPERTY OF	TOUZE R	ADDRESS
	TRAR		ORE	T SE EUNEBAL DIE	TOUZE R	e, Maryland ADDRESS 5 Harford Road.

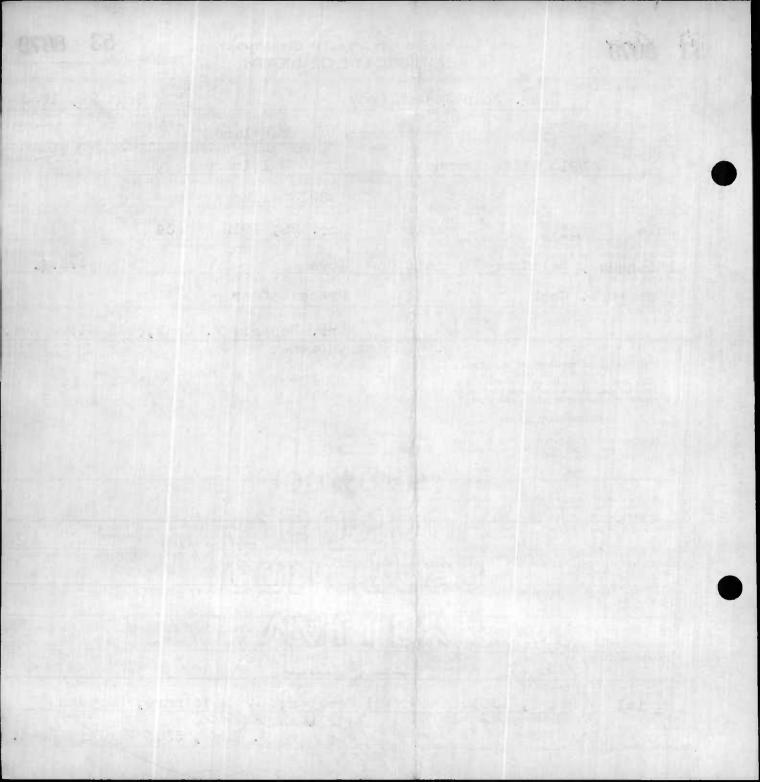
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7	BIRT 1. NA	H NO.	-
	B. FU HOSE	ACE OF	1
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8679 Registered No.

BIF	RTH NO.								
	NAME OF DE pe or Print)		John	Joseph Cook			2. DATE OF DEATH SE	ept 28	3, 1953
	PLACE OF DI Baltimore C	ity, Maryland	II D		A. STATE		here deceased lived B. COUNTY		tion: residence before admission)
B. F	TULL NAME		al or institu	tion, give street address or		ryland			\$
	SPITAL OR			location)	C. CITT ON TO		outside corporate l	infits write	AUKAL and give
	00	3913 Wil	ke Av			ltimore			
				Yrs. Mos.			tural, give location	7	
-		ay in Baltimore		Days	3913 W:			If Under 1 Y	ear If Under 24 Hours
	SEX	6.COLOR OR RACE		E. MARRIED. WED, DIVORCED (Specify)			9. AGE (In years last birthday)	Months L	Days Hours Min.
	male	white		married	Apr. 25,		54		
ork	done during most o	CUPATION (Give kind of f working life, even if retired)		D OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or 10)	reign country)	W	ITIZEN OF HAT COUNTRY?
-	intenar		ore T	ransit Co	Iowa				J.S.A.
13.	FATHER'S N				14. MOTHER'S		ME		
		W. Cook			Grace He	Iner			
15. Yes,	no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN	Т		ADDRES	SS
					Mrs. Rob	erta M	. Cook, 39	913 W:	ilke Ave.
6	18. 19	6 × 1		CAUSE	OF DEATH	0	11		TERVAL BETWEEN
	DISEAS	E OR CONDITION		-1		P	17		1 2
	(This does	not mean the mode of	of dying, e.	B., (A)	wanna	Les	7 Jemil	W	6 mo.
		re, asthenia, etc. It mea complication which o				0	V		
		ANTECEDENT CAUS	SES						
z		ANTIGOLDENT GAO.		(B)	**********				
ATION		OR CONDITIONS, I HE ABOVE CAUSE (A)							
A		ING CONDITION LA		(C)					
읦.									
RTIFIC	OTHER SIG	II NIFICANT CONDITIONS	CONTRIB	LITING					
u	TO THE	DEATH BUT NOT	RELATED 1		[
0		F OPERATION 1		ITION FOR WHICH O	PERATION	1F OPERAT	TION WAS RELATE	D TO 20	O. AUTOPSY?
A		UV	VAS PERF	ORMED			F DEATH, ENTE		ES NO X
EDICAL		NT WAS UNDERLY	ING 21	B. PLACE OF INJURY	(e. g., in or 21c. WI	HERE DID (City, give e	xact location)
		SUTING CAUSE OF		t home, farm, factory, street, office	bldg.,etc.) INJURY	OCCUR?			
Σ.	21p TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HC	LNI DID WC	URY OCCUR?		
	OF INJURY		m.	WHILE AT NOT WHI					
				WORK L. AT WOA	Tue 1	13.	165/28.	050	. 7 7
1		y certify that lat			, 1	كسرــــــــــــــــــــــــــــــــــــ	. /		t I last saw the
	23A, SIGNAT	ive on Steph b	, 1940	and that death occu	238. ADDRESS	m., from ti	he causes and o		. DATE SIGNED
		Jas.	1 1	ourhey;	111111	Seleva	ood av	3	9/28/52
24	A. BURIAL, C	REMA 248. DATE		24C. NAME OF CEMETE	ERY OR CREMATO			own, or cou	uty) /(State)
	n, REMOVAL (S Burial		1953	Parkwood (ltimore,		
DA	TE RECEIVE				25 FANERA				RESS
	CAL REGIST	The same of the sa	water	Frederick- M	The state of the s			Honfo	nd Road
=	FF 73.	953	3		Leonard	J. Ruc.	k, 0000	nar 10.	ra Road.
	VS 150			55	451				
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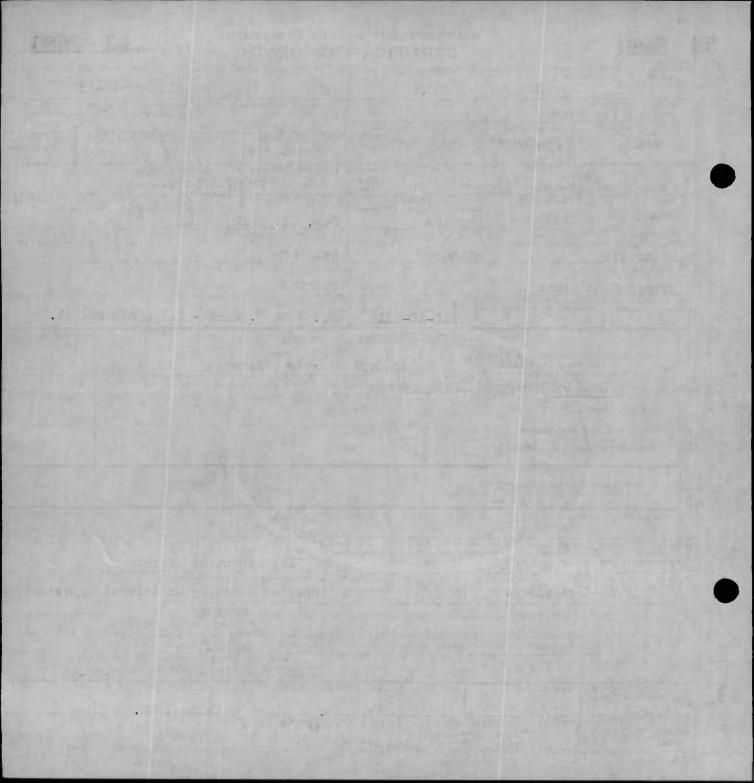
PLEASE WRITE PLA Y, WITH correct age is especially important.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere 53 8680

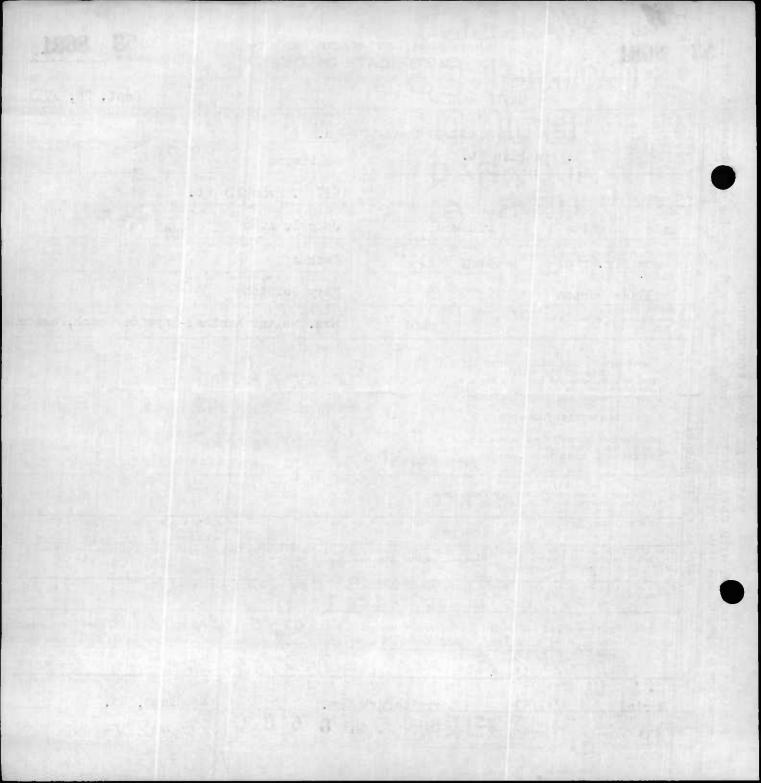
DIKTIT NO	·							
1. NAME (Type or P	OF DECEASED Print) DORO	THY (). <i>I</i>	AIDT	2. DATE OF DEATH 9-2	8-53		
3. PLACE	OF DEATH: nore City, Maryland			4. USUAL RESIDENCE (institution : residence before admission)		
B. FULL N		al or institution, gi	ive street address or	14 7 1		. V		
HOSPITAL	lon 819 Lyndhu	rst Street	location)					
			Yrs.	D. STREET ADDRESS (If	rural, give location)			
c. Length	h of stay in Baltimore		Mos. Days	819 Lyndhurs	t Street			
5. SEX	6.COLOR OR RACE	7. SINGLE, MA	RRIED,	8. DATE OF BIRTH	9. AGE (In years H	Under 1 Year If Under 24 Hours nths; Days Hours Min.		
femal	e White	Marrie	OIVORCED (Specify)	Feb. 11, 1912	L1	nths Days Hours Min.		
10A. USU/	AL OCCUPATION (Givekind of		BUSINESS OR	11. BIRTHPLACE (State or 1	(oreign country)	12. CITIZEN OF		
	ng most of working life, even if retired)	at home	INDUSTRY	Delaware	MERCH	WHAT COUNTRY		
	ER'S NAME	20 11011		14. MOTHER'S MAIDEN N	IAME			
Trum	an Cunningham			Unknown				
15. WAS D	ECEASED EVER IN U. S. ARMED	FORCES? 16.	SOCIAL	17. INFORMANT	AI.	DDRESS		
(Yes, 20 or nn	(If yes, give war or date	212	-10-1115	Mr. John N. Aid				
18.	E 990.9		CALISE	OF DEATH		INTERVAL BETWEEN		
	E 970.8 DISEASE OR CONDITION	DIRECTIV	CAUSE	OI DEATH		ONSET AND DEATH		
	LEADING TO DEA	TH	Chloral	Hydrate Poisonin	ig			
hea	nis does not mean the mode of art failure, asthenia, etc. It mea	ins the disease,	(7.)	***************************************		*******		
inju	ury or complication which o	aused death.)	DUE TO					
	ANTECEDENT CAUS	ES						
Z DIS	EASES OR CONDITIONS, I		(B)	***************************************	***************************************			
	E TO THE ABOVE CAUSE (A) DERLYING CONDITION LA		DUE TO					
FICA			(C)		•••••••••••••			
Ī OT	II CONDI	TIONS SON						
C TRI	HER SIGNIFICANT CONDI BUTING TO THE DEATH, BUT	NOT RELATED						
/ .	THE DISEASE OR CONDITION		DINGS OF OPER	ATION		20. AUTOPSY?		
	ALC OF CHARLON .					YES X NO		
U 21A. E	XTERNAL CAUSE WAS	218. PLACE C	F INJURY (e.g., is		(If in Baltimore City, g	rive exact location)		
UNDER	RLYING A OR CONTRIB.	home, farm, fac	ctory,street,office bldg.,e lC		irst Street			
> 21p. T	IME (Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURRI					
OF IN.	JU9-28-53 10:30 A	m. WHILE		ingested overd	lose of chlora	l hydrate		
	certify that I took char	THE WORLD			psy	thereon and from		
				Autopsy.	Inspection or Inquiry			
a	nd death in my opinion	resulted from:	: natural causes	Inquiry, find that said of \(\sigma\), accident \(\sigma\), suicide	, homicide , w	$ndctermined \square$.		
	SIGNATURE /	16 1		23B. CHIEF MEDICAL				
	171	(1 vstar		.D. MEDICAL INVESTIGATION		7-28-53		
	RIAL, CREMA- 24V. DATE			RY OR CREMATORY 24D. L	LOCATION (City, town,	or county) (State)		
DATE RE	CEIVED BY REGISTRAR	S SIGNATURE	oudon Park	25 FUNERAL PIREGIOR	de la constantina	ADDRESS		
SEP	29 933 mi	tington /	Elliamis,	stem y vie	uner &	ons ALL		
V S 151	N- and	0			Bala). 11, ma		



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53	-	68	1	

53 8681
Registered No.

BIRTH NO.	CERTIFICATI	- OF BEATH
1. NAME OF DECEASED (Type or Print)	AVID BARTON	2. DATE OF Sept. 28, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	al or institution, give street address or location)	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 517 W. Franklin St.
5. SEX 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH July 1, 1866 9. AGE (In years of Binder 1 Year Nonths Days Hours Min.
IOA. USUAL OCCUPATION (Givekind of work done during most of working life, eyes if retired) Candy Mfg (rtd)	10в. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Canada 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME William Barton		Mary Quinton
15. WAS DECEASED EVER IN U. S. ARMEE (Yes, no or unknown) (If yas, give war or date) NO	o FORCES? 16. SOCIAL SECURITY NO.	Mrs. Walter Kuehnel-Bayside Beach, Pasaden
heart failure, asthenia, etc. It mea injury or complication which complication which complication which complication which complication with the complex of	PAUSE death.) DUE TO SES FANY, GIVING STATING THE DUE TO STATING THE CC) CONTRIBUTING	myreanditie Francelerrin
19A. DATE OF OPERATION 1		CAUSE OF DEATH, ENTER IN
21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINE	about home, farm, factory, street, office	(a. g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHI MORK AT WOR	LE T
deceased alive on 23A. SIGNATURE	tended the deceased from \$2,19\\\ and that death occur.	rred at 21.m., from the causes and on the date stated above 23B. ADDRESS. ADDRESS. 23C. DATE SIGNED
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial DATE RECEIVED BY LOCAL REGISTRAR SEP 2918	'S SIGNATURE	ERY OR CREMATORY 24D. COCATION (City, town, or county) (State)
VS 150	0	Bullo-17, Md.



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BINDING

MARGIN RESERVED

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) OF CHARLES DIMMOCK SMITH Sept. 28, 1953 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: befor admission) B. COUNTY A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or Md B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits. RURAL and give INSTITUTION 2317 W. Lafayette Ave. township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2317 W. Lafayette Ave. c. Length of stay in Baltimore Days 9. AGE (in years If Under I Year 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH last birthday) Months Days Hours Min. Mar. 25, 1880 male married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108. KIND OF BUSINESS OR work done during most of working life, oven if retired) INDUSTRY WHAT COUNTRY? New York Test Man (rtd) Gas & Elec. Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mollie Hardin Henry Dimmock Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mrs. Estelle P. Smith-2317 W. Lafayette INTERVAL BETWEEN 18. CAUSE OF DEATH 20 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) ...

about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

WHILE AT

22. I hereby certify that I attended the deceased from 9 , and that death occurred at. deceased alive on 6 .. 19. 23A. SIGNATURE

24A. BURIAL, CREMA 248. DATE TION, REMOVAL (Specify) 9/30/53 Burial

Green Mount Cem. REGISTRAR'S SIGNATURE

NOT WHILE! AT WORK

24c. NAME OF CEMETERY OR CREMATORY

238. ADDRESS

FUNERAL DIRECTOR

INJURY OCCUR?

Balta.

IF OPERATION WAS RELATED TO

CAUSE OF DEATH, ENTER IN

PART I OR PART II

21F. HOW DID INJURY OCCUR?

ADDRESS

from the causes and on the date stated above.

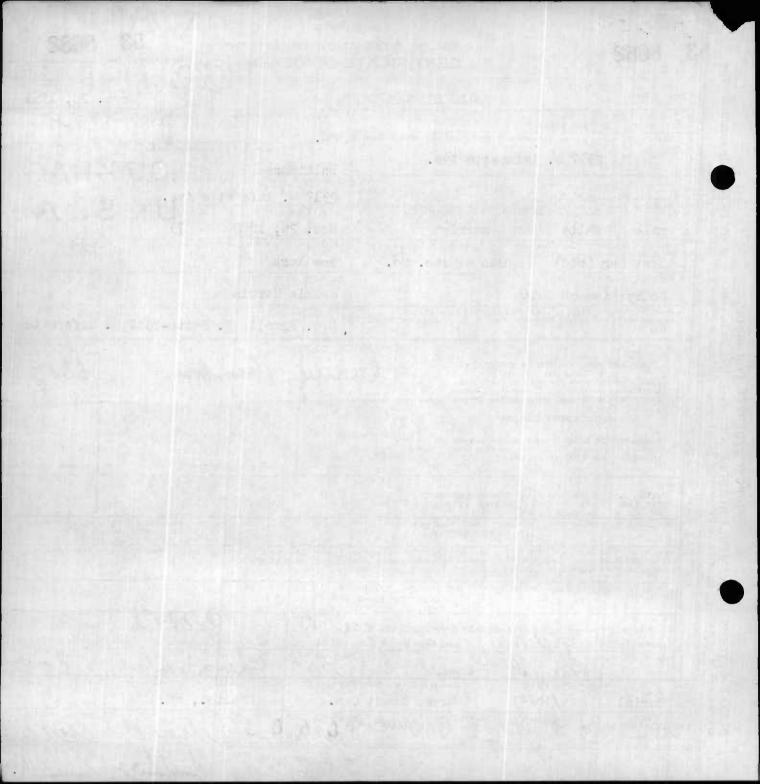
VS 150

DATE RECEIVED BY

20. AUTOPSY

, that I last saw the

23c. DATE SIGNED



	K-400				
53	8683	BALTIMORE CITY HE			.53 8683
DE	0000	CERTIFICATI	E OF DEA	TH Register	ed No.
	RTH NO.			LO DATE	
	NAME OF DECEASED Heler	V KE	2//	2. DATE OF DEATH	SEP 28 1953
3. A.	PLACE OF DEATH: Baltimore City, Maryland 44a	loted 4	A. STATE	IDENCE (Where deceased live B. COUNT	
В.		nstitution, give street address or location)	C. CITY OR TO	1d.	limits, write RURAL and giv
	STITUTION A A	IQPKINS HOSPITAL	Ra	140. L	township
	N	Yrs. Mos.	O. STREET ADE	ORESS (If rural, give location	n)
and the same	Length of stay in Baltimore	Days	43	3 W. 24th.	ST. If Under 1 Year If Under 24 Hours
5.	SEX 6. COLOR OR RACE 7. S	NGLE, MARRIED, VIDOWED, DIVORCED (Specify)	8. DATE OF BIF	9. AGE (In year last birthday) Months Days Hours Min.
1	A. USUAL OCCUPATION (Give kind of Done during most of warking life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLAC	E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
0	acking Icream Jo	10		md.	WIAT GOOKIN
7	reduch Buch	man	alice	Hall Hall	
(Yo	WAS DECEASED EVER IN U.S. ARMED FOR s, no or unknuwn) (If yes, give war or dates of ser		17. INFORMAN	NS HOPKINS HOSPI	TARDDRESS
	18. 1/4/	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE		-2		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dyi	/ 1	120 m हें के	s cerebri	3 days
	heart failure, asthenia, etc. It means the injury or complication which caused	e disease,			
	ANTECEDENT CAUSES				
TION	DISEASES OR CONDITIONS, IF ANY			***************************************	***************************************
	RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.		samma .	of tongue	
CA		(C)	<u></u>	7000	
II.					
RTIFIC	OTHER SIGNIFICANT CONDITIONS CON				
O E	OISEASE OR CONDITION CAUSING IT.	ED 10 IHE	***************************************		
1		CONDITION FOR WHICH OF	PERATION	IF OPERATION WAS RELAT CAUSE OF OEATH, ENT PART I OR PART II	
ICA	21A. ACCIDENT WAS UNDERLYING		e. g., in or 21C. WI	HERE DID (If in Baltimore	
TEDI	DEATH (NOTIFY MEDICAL EXAMINER)				
2	210. TIME (Month) (Day) (Year) (Hou OF INJURY	r) 21E. INJURY OCCURR		W DID INJURY OCCUR?	
10		m. WORK AT WOR	к	14 0 00	J=4
	22. I hereby certify that I attende	ed the deceased from_7_	- 20-11		19 53 , that I last saw th
		53. and that death occur	rred at O FT	m., from the causes and	on the date stated above
	23A. SIGNATURE - 5 /2 // 2000	134 17D .M.O.	JOHNS	HOPKINS HOSPITAL	9/20153
2. Ty	AA.) BURIAL, CREMA- 24B. DATE ON REMOVAL (Syccify)	3 LOUR POR	TRY OR CREMATO	RY 240 LOGATION (City,	town, or county) (State)
	ATE RECEIVED BY REGISTRAR'S SI	GNATURE	25. FUNERAL I	DIRECTOR	ADDRESS 01
	OCAL REGISTRAR	Williams Main	Horan	lat Dest	8/42436 11
那是	P 25 19 3 1 1 mount	753 44	6 6 1) (1	
11	U	6-9	041		
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Pulporter for some assets. 9/24/53 Congmine 3150115 Call Business Constitution

N-326 3 8684 RTH NO.

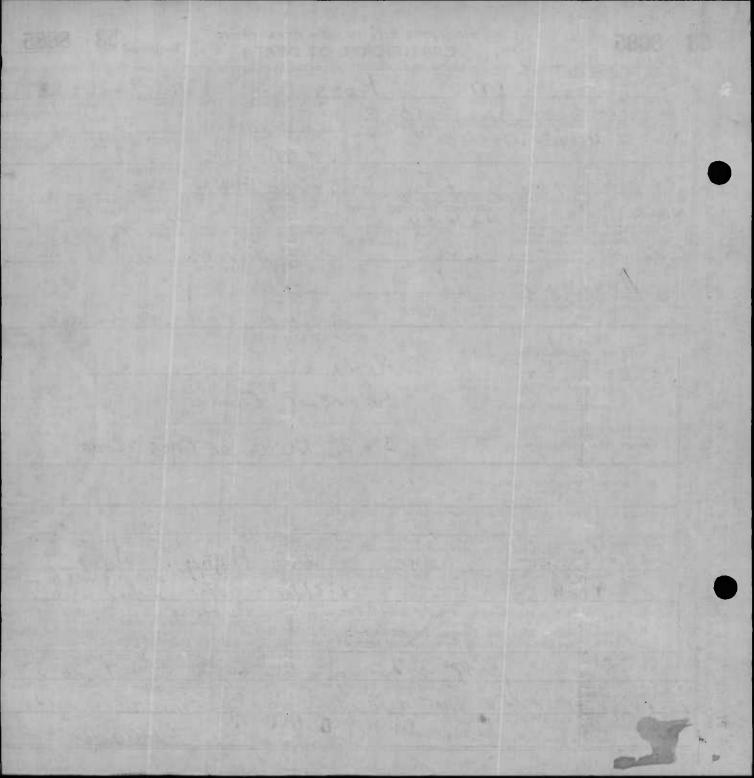
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8684 Registered No.

KIII NO.	
NAME OF DECEASED (Repeated Print)	2. DATE OF COAL 28-53
PLACE OF DEATH: Baltimore City, Maryland Balton	A. STATE DEATH
FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR	C. CITY OR TOWN (If outside corporate limits, write RUICL, and give
5909 Ayleshire Ard	to the distribution of the state of the stat
Mos.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	3. DATE OF BIRTH 9. AGE (In years 1 Under 1 Year 1 Under 24 Hours
Male White Markied (Specify)	Oct 12 1911 last birthday) Months Days Hours Min.
	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ales Manager Britis Sica	4. MOTHER'S MAIDEN NAME
houis Whitakes	Bassie Sanders
WAS DECEASED SUSPINION OF THE PROPERTY OF THE	7. INFORMANT ADDRESS
Les Maril 91903 1209 1	Auguret A.Whitaker 5909 Ayleshire Rd
DISEASE OR CONDITION DIRECTLY	DENTH INTERVAL BETWEEN' ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	nary acclusion x+hr.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
II .	Character Character and Character
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in o	r 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.	NJURY OCCUR?
2) IME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
22. I hereby certify that I attended the deceased from deceased alive on 1973, and that death occurre	to Log 1953, to 1953, that I last saw the at 10:30 A.m., from the causes and on the date stated above.
	a. ADDRESS. 23c. DATE SIGNED
	408 Kach Caven / Slew 19/ Supt 53
A. BURIAL, CREMA- N. REYOVAL (Specify) Oct 1 - 53 HOLV Red	OR CREMATORY 240. LOCATION (City, town, or county) (State)
	FUNERAL DIRECTOR ADDRESS
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Dr H. L Spier 4408 Lock Gren Blvd Ho. 78131

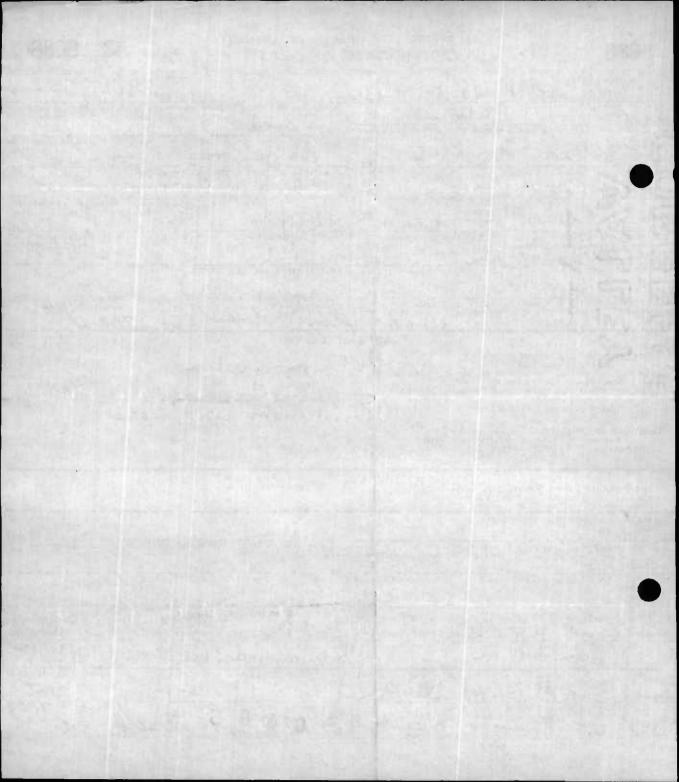
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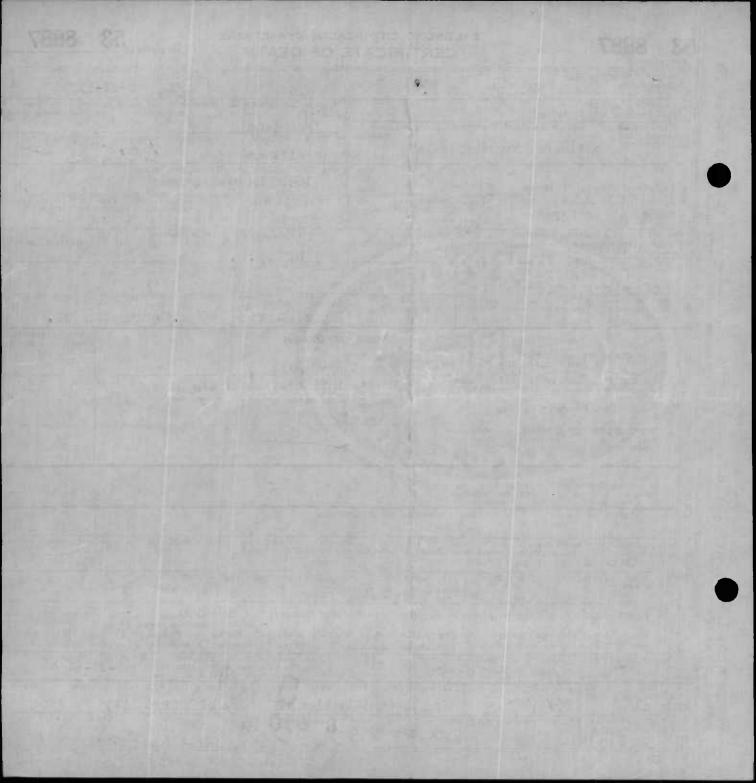
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AME OF DECEASED art H. Wocken tuss		7/53
altimore City, Maryland Bullimore City, Maryla	4. USUAL RESIDENCE (Where deceased lived. If inst B. COUNTY B. COUNTY	before admission)
PITAL OR Julian Horpital location		rite RURAL and give township)
ength of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 3009 Plein of Ove	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Mudower)	8. DATE OF BIRTH 9. AGE (in years last birthday) Month	Days Hours Min.
USUAL OCCUPATION (Givekind of to B. KIND OF BUSINESS OR INDUSTRY) Machine A. Pelined Roman & P.		WHAT COUNTRY?
Frederich W. Wochenfress.	Argusta 7, 2	
NAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 214-07-5348	17. INFORMANT ADDITIONS APPORTISED	RESS 3/4
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Norchook heard direase	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
9A. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH		exact location)
DF JRY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE WHILE AT WORK AT WORK		
^{22.} I hereby certify that I attended the deceased from $\frac{9}{27}$ deceased align on $\frac{9}{27}$ $\frac{1}{1}$, and that death occurrence.	rred at 5.304 m., from the causes and on the	hat I last saw the date stated above.
23A. SIGNATURE cinish (10in	July an Borzilal	39727185
BURIAL CREMA- 24B. DATE 24C. NAME OF CEMET Sept. 30-1953 St. Pau	li Balto.	and.
E RECEIVED BY REGISTRAR'S SIGNATURE LAL REGISTRAR LAL REGISTRAR THIRTINGTON VILLIAMES	Dill Bros Fredly	Are.
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BIR	TH NO.			CERTIFICAT	E OF DEAT		Registere	u Mo.	
	NAME OF DE	ECEASED Wes	leÿ	M.	PURVIS		DEATH	9-27-5	
3. P	Baltimore C	EATH: lity, Maryland			4. USUAL RESIDE	ENCE (Where	B. COUNTY		ution : residence before admission
B. F	ULL NAME			ion, give street address or location)	c. CITY OR TOWN	(If outs	6	7	te LURAD and giv.
c. I	ength of st	tay in Baltimore	I3 Y	Yrs. Mos. Days	D. STREET ADDRE)	
5. S	nale	6. COLOR OR RACE	WIDOW	E, MARRIED, /ED, DIVORCED (Specify) ried'	3/28/24	9.	AGE (In year: last birthday)		Days Hours Min.
Ma	rchant	CUPATION (Give kind of working life, even if retired Marine		O OF BUSINESS OR INDUSTRY	Bethel N	.C.			OTTIZEN OF WHAT COUNTRY
	FATHER'S N				14. MOTHER'S MA	IDEN NAME			
15.	WAS DECEASE	eck Hoggin	D FORCES?	16. SOCIAL	Unknown 17. INFORMANT			ADDRE	SS
(Yes, :	no or unknown)	(If yes, give war or date	es of service)	SECURITY NO.	Mary Purv	is I49	W.Henr		
RTIFICATION	DISEASES RISE TO T UNDERLY	ANTECEDENT CAU OR CONDITIONS, HE ABOVE CAUSE (A 'ING CONDITION L	IF ANY, GIVII) STATING T AST.	NG HE DUE TO (C)					
ERT	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ED					***************************************
0	19A. DATE O	F OPERATION	198. MAJOR	FINDINGS OF OPER	RATION				20. AUTOPSY?
ا ج	UNDERLYING	IAL CAUSE WAS G OR CONTRIB	about home.	ACE OF INJURY (e. g., farm, factory, street, office hldg			Baltimore Ci		xact location)
Σ :	21b. TIME (OF INJURY	Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		INJURY O	CCUR1		
	the evi	dence obtained by ath in my opinion	ryc of the	remains described of psy, Inspection or afternatival cause	Inquiry, find that s. , accident .	said decea	ection or Inquiscd dicd on homicide	iry 1 the da], undet	crmined .
	23a. SIGNAT	TURE	fir		238. CHIEF ME ASSISTANT MI I.D. MEDICAL INV	ESTIGATOR			TE SIGNED
TION	. BURIAL C N. REMOVAL (S rial			Baltimore			imore, C		unty) (State)
DAT	TE RECEIVED	BY REGISTRAR	'S SIGNATI		Sound Sound		course		DRESS
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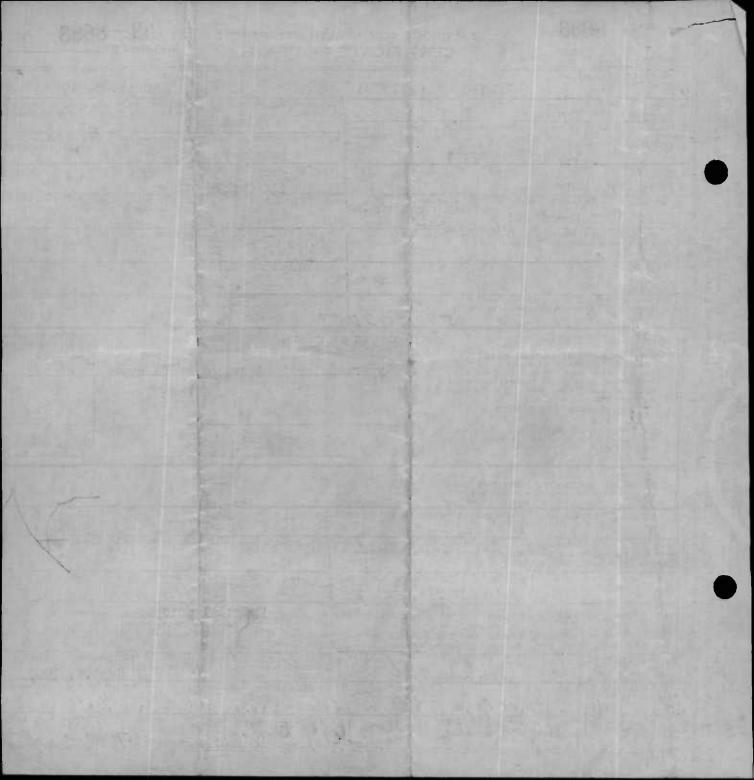
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BIRTH NO.	20

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53 8688

BIRTH NO. 520	CERTIFICATI		
1. NAME OF DECEASED	ESTER YOUNG	2. DATE OF DEATH Sept.	8, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If ins	stitution : residence before admission)
HOSPITAL OR INSTITUTION	l or institution, give street address or location)	c. CITY OR TOWN (If outside corpor te limit,	write RUR /L and give
544 Oxford	Yrs.	Baltimore D. STREET ADDRESS (If rural, give location)	No.
c. Length of stay in Baltimore	Mos. Days	544 Oxford Street	
5. SEX 6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVOCED (Specify)		der 1 Year I Under 24 Hours his Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY?
13. FATHER SWAME		14. MOTHER'S MAIDEN NAME	
N		0	The state of the
15. WAS DECEASED EVER IN U.S. ARMED (15 yes, no or unknown) (15 yes, give war or dates	FORCES? of service) 16. SOCIAL SECURITY NO. 778-14-20	17. INFORMANT ADD	DRESS
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which or ANTECEDENT CAUSI DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST UNDERLYING TO THE DEATH, BUT TRIBUTING TO THE DEATH, BUT TO THE DEATH TO THE DE	IS the disease, aused death.) DUE TO ES ANY, GIVING STATING THE DUE TO ET. (C)	ensive cardiovascular disease	
TO THE DISEASE OR CONDITION U 19A. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB- UTING [] CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		YES X NO L
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		
the evidence obtained by	said Autopsy, Inspection or I resulted from: natural causes	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the Mind accident in suicide in homicide in uncode 238. CHIEF MEDICAL EXAMINER IN INC.	thereon and from day stated above, determined \Box . DATE SIGNED ot. 8. 1953 \wedge
24A. AURIAL (REMA- 24B. DATE TION, MOVAL Spendy) DATE RECEIVED BY RESISTRATE LOCAD REGISTRAR	2/953 Int Calva	RY OR CREWATORY 24D. LOCATION (City, town, or	



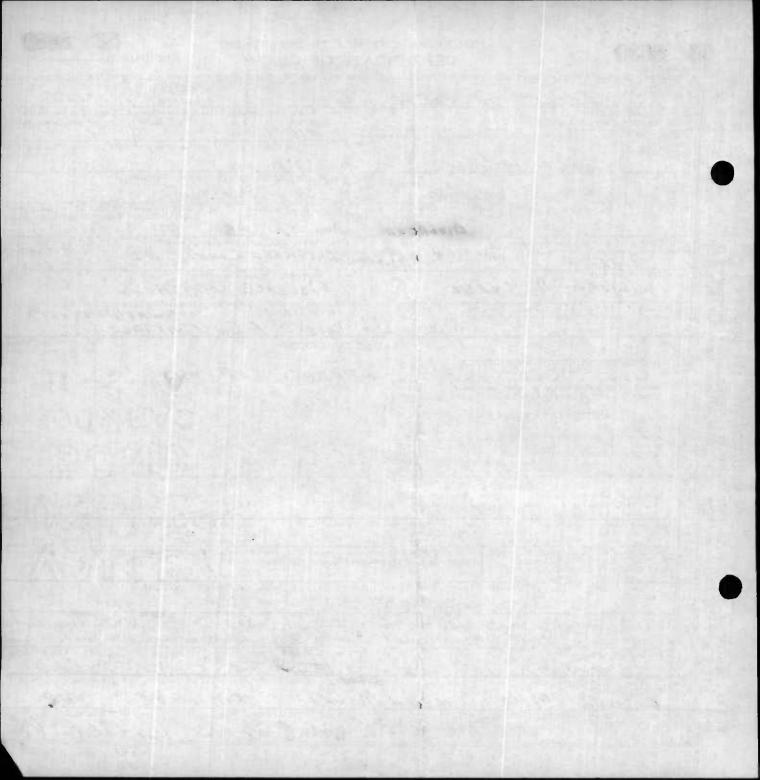
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	53	8689
Registered	No	

BIRTH NO.	ATE OF DEATH								
1. NAME OF DECEASED (Type or Print) ROBERT N. CORSE	2. DATE OF DEATH 9/28/53								
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street add)	A. USUAL RESIDENCE (Where deceased lived. If institution residence A. STATE B. COUNTY Decree dmission)								
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)								
	Yrs. D. STREET ADDRESS (If rural, give location)								
c. Length of stay in Baltimore UNKNOWN	Days 29 W. FRESTON ST.								
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	AVC. 18, 1895 58 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF								
work done during most of working life, even if retired)	WAL BALTIMORE COUNTY, MO WHAT COUNTRY?								
WILLIAM D. CORSE B4	14. MOTHER'S MAIDEN NAME FLORENCE MATTHEWS								
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY									
	JSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	M								
(This does not mean the mode of dying, e.g., (A)	EREBRAL THROBOSIS 24 DAYS								
injury or complication which caused death.) DUE TO									
ANTECEDENT CAUSES									
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO									
UNDERLYING CONDITION LAST.									
0									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION 19B. CONDITION FOR WHITE	PART I OR PART II YES NO								
21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJU OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	URY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) let.office bldg., etc.)								
	CURRED 21F. HOW DID INJURY OCCUR?								
22. I hereby certify that I attended the deceased from	2/4 0 0/28								
	deceased alive on 9/28, 1953, and that death occurred at 7 A.m., from the causes and on the date stated above.								
23A. SIGNATURE SALVE M.	D. 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED 9/28/53								
24A. BURIAL, CREMA- PAB. DATE 24C. NAME OF TION, REMOVAL (Specify) 16/1/5 3 GREEN									
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS								
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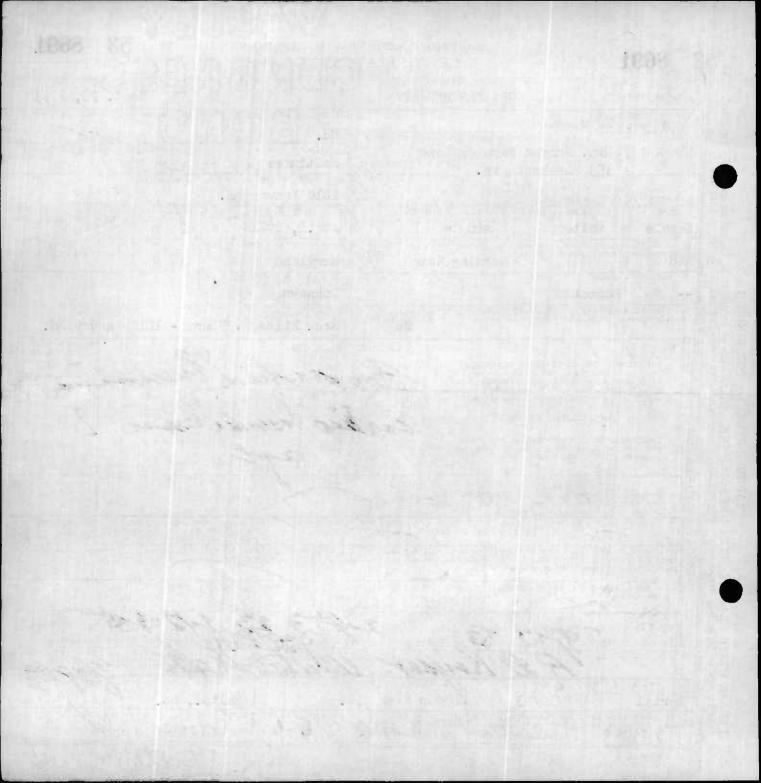
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

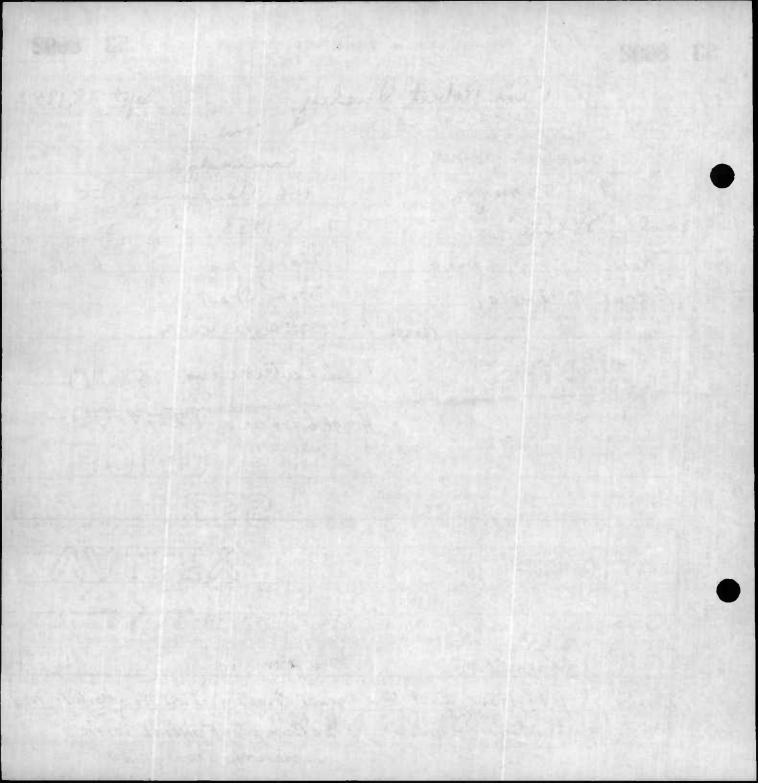
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Billitt Ito.								
1. NAME O (Type or Pri	F DECEASED	ORA LEE BENNETT			OF Sep	t. 28,	1953	
	re City, Maryland ME OF (If not in hospits OR Mary Dhodae	al or institution, give street address or location)	4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission Md.					
60	353 Rosebank	Ave	Baltimore		41		township?	
c. Length	of stay in Baltimore	Yrs. Mos. Days	1810 Kenw	oress (If rural	, give location)			
5. SEX female	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIE		AGE (In years last birthday) M	It Under 1 Year onths: Days	H Under 24 Hours Hours Min.	
	OCCUPATION (Give kind of most of working life, even if retired)		11. BIRTHPLAC Maryland	E (State or foreig	n country)	12. CITIZ WHA	EN OF T COUNTRY?	
13. FATHER	Bennett		14. MOTHER'S Unknown	MAIDEN NAME				
15. WAS DEC (Yes, no or unkr NO	CEASED EVER IN U.S. ARMEL	FORCES? 16, SOCIAL SECURITY NO.	Mrs. Hild	la S. Booz		Address Kenway	Rd.	
Injury OISE RISE UNDO	failure, asthenia, etc. It meany or complication which complication which complication which complies or complications, in the ABOVE CAUSE (A) ERLYING CONDITION LATER SIGNIFICANT CONDITIONS THE DEATH BUT NOT I	STATING THE DUE TO (C)	kio so	ndi.	Bear	9	حي ٢	
		98. CONDITION FOR WHICH OF		PART I OR P	WAS RELATED DEATH, ENTER ART II	IN YES	UTOPSY?	
OR CON DEATH	CIDENT WAS UNDERLY! TRIBUTING CAUSE OF	about bome, farm, factory, street, office	e. g., in or 21C. Wholdg., etc.)	HERE DID (If i	n Baltimore City	, give exact	t location)	
210. TIM OF INJU	ME (Month) (Day) (Year) JRY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE	W DID INJUR	OCCUR?		(
decease	ereby certify that I at	ended the deceased from, 1995, and that death occident	Maile	8240	auses and on	the date s	last saw the tated above	
TION, REMOVE Burial	AL. CREMA- (AL (Specify) 9/30/53	Loudon Park Cer	n.	Balto.	Md.		(te)	
DATE REC LOCAL RE		ton Milianis My	25. FONERAL I	RECTOR	mer V:	ADDRES	SS	
VS 1	50				Salto,	17,1	Md-	

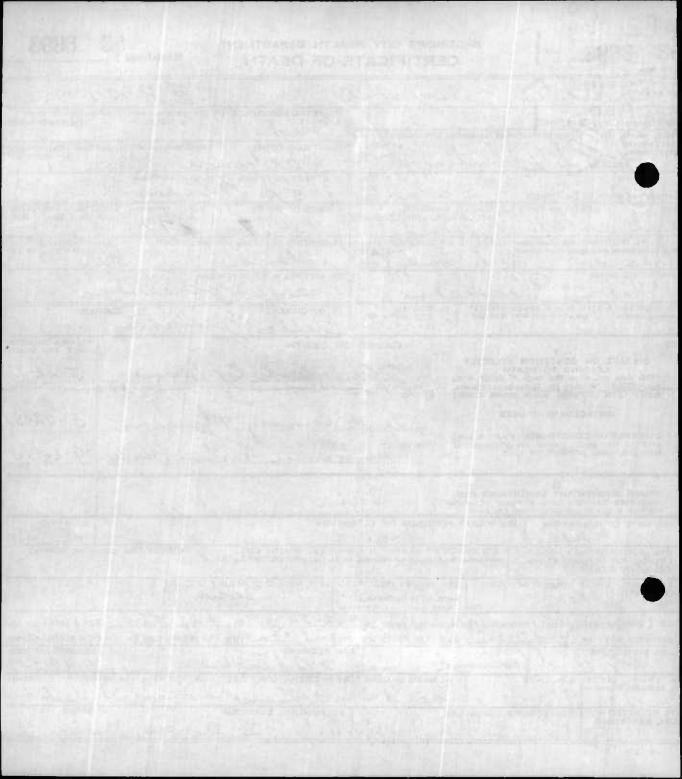


	I-5 L4 BALTIMORE CITY HE	EALTH DEPARTMENT / 53	8692
DJ P	8692 Non Kes. CERTIFICATE	E OF DEATH Registered No	00012
	1. NAME OF DECEASED Olin Robert Ins	len 2. DATE OF DEATH Sept 2	8,1953
supplied.	3. PLACE OF DEATH: A. Baltimore City, Marylan OHNS HOPKINS HOSPITAL B. FULL NAME OF (If not in hospital or institution, give street address or	A. STAND B. COUNTY	before admission)
IIIy s	HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write	e RURAL and give township)
callegion	c. Length of stay in Baltimore months Yrs. Mos. Days	D. STREET ADDRESS (If rural rive location)	
uld be	5. SEX 6. COLOR OR RACE 7. SNIGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF EIRTH 9. AGE (In No.) It Under I last birthday) Months: I	
clearly a	10A. USUAL OCCUPATION (Give kind of North done during most of working life, even if retired) None None		THE COUNTRY
natio	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
information s of death cle	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yos, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRES	SS
eause	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		TERVAL BETWEEN NSET AND DEATH
Every ite write the	heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)	1)	
NG INK.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	rechprays Discosl	
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
Inel II	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	CAUSE OF DEATH, ENTER IN PART I OR PART II	O. AUTOPSY?
Y, WITE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e.g., in or bldg.,etc.) INJURY OCCUR?	exact location)
LAI ally in	210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI OF INJURY WHILE AT NOT WHILE MORK AT WOR	ILE ILE	
P	22. I hereby certify that I attended the deceased from deceased alive on 1950, and that death occur		t I last saw the
RI	23A. SIGNATURE	JOHNS HOPKINS HOSPITAL	9/26/53
ASE W	TION DEMOVAL (Specify)	Parket Cometery - East New Man	
PLEASE correct ag	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Le Compte Funeral Service	RESS
	VS 150	Cambridge , maryland	-

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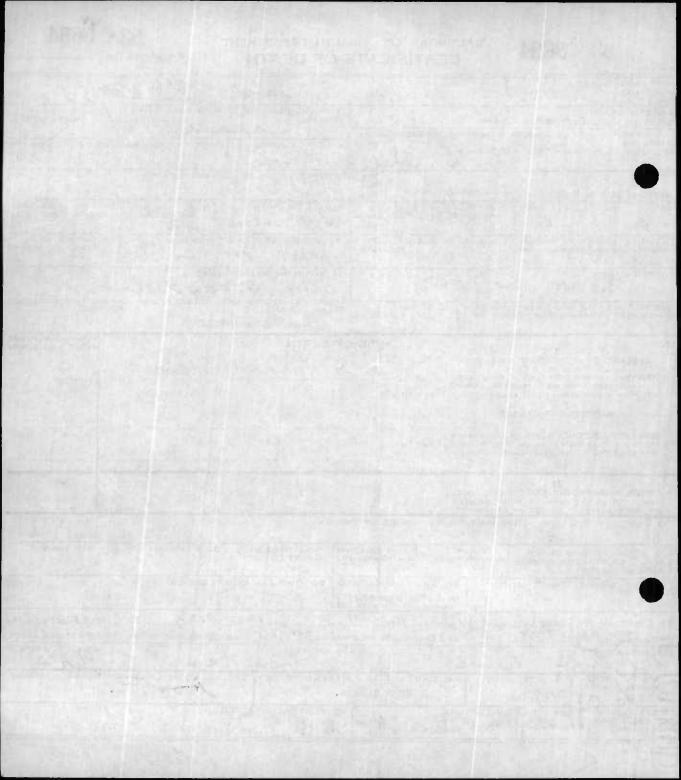


8693 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE OF 9-27-1953 pe or Prink) luca 4. USUAL RESIDENCE (Where deceased lived, If institution : residence PLACE OF DEATH: B. COUNTY Baltimore City, Maryland before admission) ULL NAME OF (If not in hospital or institution, give street address or SPITAL CHARGE (If outside corporate limits write RURAL and give D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Days 6. GOLOR OR RACE If Under 1 Year 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) marrie USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR LL BIRTHPLACE (State or foreign country) 12, CITIZEN OF during most of working life, even if retired) WHAT COUNTRY? WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) V yes, give war or dates of service) 16. SOCIAL SECURITY NO. 3 -09-40/0 INTERVAL BETWEEN 18. 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (Cirturo derote C.V. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Cornery Thrombonis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Legocardeal Factoria (ande) 9.20/53 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? nous none 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21C. WHERE OID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, excryptrent, office bldg., etc.) INJURY OCCURATION ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 5-22-52, 19, to 9.27.53, 19, that I last saw the deceased alive on 9.27., 1953, and that death occurred at 83 4.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24c, NAME OF CEMETERY OR CREMATORY A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 24B. DATE 9-30-1953 acred Hart of less TE RECEIVED BY. REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS VS 150



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			tal or institut	ion, give street address	\	ma	year	ud			
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				(C)				***************************************			0.00
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	R CONT	AS UNDER-		ACE OF INJURY (e. farm, factory, etreet, office blo		INJURY OCCU		f in Baltim	ore City, giv	e exact location)	
21 ME OF URY	(Month)	(Day) (Year	r) (Hour)	21E. INJURY OCCU	RRED	21F. HOW DIE	INJURY	OCCUR?			
			m.	WHILE AT NOT WH							
		fy that I at	ttended the	deceased from	9/28	7 , 195		9/29		that I last saw t	
deceased a		9/19		and that death oc	curred	ADDRESS	., from t	he causes		date stated above	
23A. SIGNA	en	~ 7	his	м. р.	238.	Mis	M	em.	Hosp	9/29	
n Removal (Specify)	24B. DATE 9/29/5	3	Rest Haven	_	R CREMATORY	240. L		City, town, or	county) (State)
TE RECEIVE	D BY	REGISTRAF	SSIGNATI	Miavier M.	25	FUNERAL DIE	ECTOR	mer	141	ADDRESS UUS	
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	Y, WITH important.
	WRITE PLA
	PLEASE correct age

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5 BIRTH NO.	3 8695		TIMORE CITY HE			DG Registered N	8695
1. NAME OF I (Type or Print)		* *********	D ITTICON			2. DATE OF Cant	20 7072
3. PLACE OF E		LAURENCE	R. WILSON	4. USUAL RESI	DENCE (W	DEATH Sept.	
A. Baltimore	City, Maryland	-1 2		A. STATE	*	B. COUNTY	before admission)
B. FULL NAME HOSPITAL OR INSTITUTION			n, give street address or location)	C. CITY OR TOW	/N (lf	outside corporate limit	s, write RURAL and give township
0	610 Univ	ersity r	Yrs.	Baltimore	RESS (lf:	rural, give location)	
c. Length of	stay in Baltimore		Mos. Days	610 Unive	rsity F	kwy.	
5. SEX male	6.COLOR OR RACE		ED, DIVORCED (Specify)	8. DATE OF BIR			t Under 1 Year H Under 24 Hours onths Days Hours Min.
10A. USUAL OF SALES Agu	CCUPATION (Give kind of of working life, even if retired)	108. KIND	of Business or Aid INDUSTRY	Sept. 19.		preign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	r C. R. Wilso	n	1	14. MOTHER'S N		AME	
15. WAS DECEAS	SED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	d W. Wi	ilson-6410 Pi	DDRESS inehurst Rd.
18. 11.5	14		CAUSE	OF DEATH			INTERVAL BETWEEN
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7	ANTECEDENT CAUS	SES	antin	is sclerisi	0		2
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TO THE	II GNIFICANT CONOITIONS DEATH BUT NOT OR CONDITION CAUSING	RELATEO TO	THE				
1		98. CONDIT	TION FOR WHICH OF		PART I	TION WAS RELATED TO F OEATH, ENTER I OR PART II	YES NO
OR CONTRI	ENT WAS UNDERLY BUTING CAUSE OF	F about he	PLACE OF INJURY (ome, farm, factory, street, office			(If in Baltimore City,	give exact location)
210. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCURRI	LE	W DID INJ	URY OCCUR?	·
	by certify that I at	tended the	deceased from 9/2	8/53 , 19	, to		_, that I last saw th
deccased alive on 9/26/53, 19 and that death occurred at 5/54 m., from the causes and on the d							he date stated above 23c. DATE SIGNED
Trancis M. Flink M.O. 100 W University (Strong)							
TION REMOVAL Burial	(Specify) 248. DATE 10/1/53		Druid Ridge		240.2	Pikesville	
DATE RECEIV LOCAL REGIS	TRAR	S SIGNATU	Allegina 9	JUMERA DO	REERON	lever 4 &	ADDRESS
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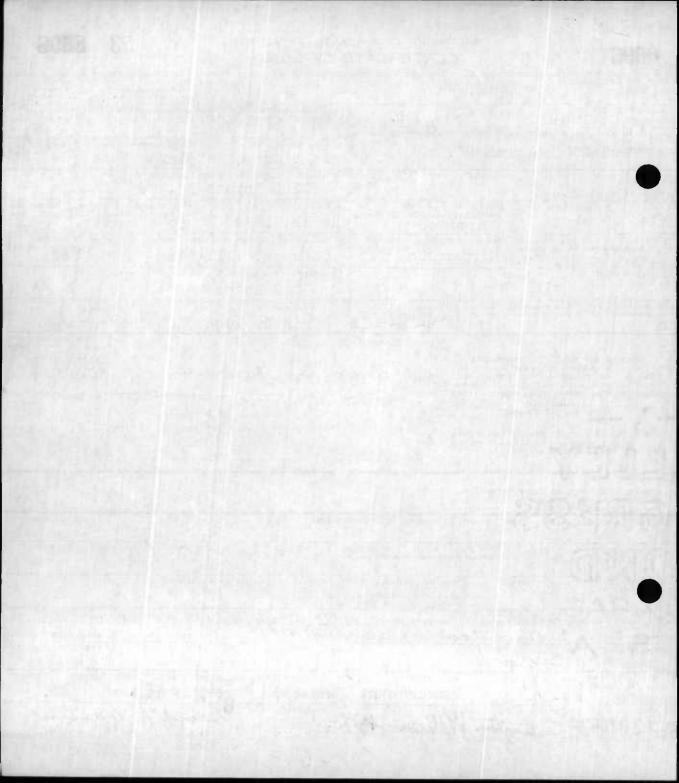
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8696

NAME OF DEC pe or Print)	EASED Irvi	ng S.	Rose		2. DATE OF Sept.	27,1953
PLACE OF DEA	TH: y, Maryland B	altimo	ore. Md.	4. USUAL RESIDEN	NCE (Where deceased lived. If ins	
ULL NAME OF	(If not in hospit	al or institut	ion, give street address or	mary 1	and	
SPITAL OR	605 Labry	n+h Da	location)	c. CITY OR TOWN	(If outside corporate limits	
0	ous Labry	II til ne		Baltimore	, Maryland	(township)
			32 Yrs.		S (If rural, give location)	
Length of stay	y in Baltimore		Mos. Days	3605 Labr	ynth Rd.	
nale 6.	COLOR OR RACE White	WIDOW	E, MARRIED, VED, DIVORCED (Specify) Pried	8. DATE OF BIRTH	last hirthday) Mont	der Year If Under 24 Hours hs Days Hours Min.
. USUAL OCCU	PATION (Give kind of	108 KINE	OF BUSINESS OR			2. CITIZEN OF
looe during most of wo	orking life, eveo if retired)	Lumb	er Co INDUSTRY	Chicago,		WHAT COUNTRY?
FATHER'S NAM	umber Co.	1,0111	701 00	14. MOTHER'S MAIL		UDA
I ATHER S NAM	Maurice	Pose				
WAS DESEASED				unkn	lown	
oo or uoknown)	EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		PRESS
no			219-28-5515	Marie B.	Rose 3605 Labry	nth Rd
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
TRIBUTING TO	II NIFICANT CONDI O THE DEATH, BUT ASE OR CONDITION OPERATION 1	NOT RELATE CAUSING 1	ED			20. AUTOPSY?
	0					YES NO
	T WAS UNDER- CONTRIBUTING ATH	21B. PL/ about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n er 21c. WHERE DII		e exact location)
OF URY	onth) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		INJURY OCCUR?	
22. I hereby o	certify that I att	ended the	deccased from 1	1/34 1930	to 9/27 , 1950,	that I last saw the
deceased alive					from the causes and on the	
23A. SIGNATUI	RE	•		3B. ADDRESS	4	23c. DATE SIGNED
	2231	why	M. D.	2320 Eu	fand M	9/41/50
A. BURIAL, CRE N. REMOVAL (Spec	MA- 24B. DATE	7	24c. NAME OF CEMETE	RY OR CREMATORY	240. LOCATION (City, town, or	county) (State)
remation	9-30-5	3	Greenmount	Cemetery	Greenmount Ave	Md.
TE RECEIVED E			All according Man	25. FUNERAL DIRE	David R. n.	w Place
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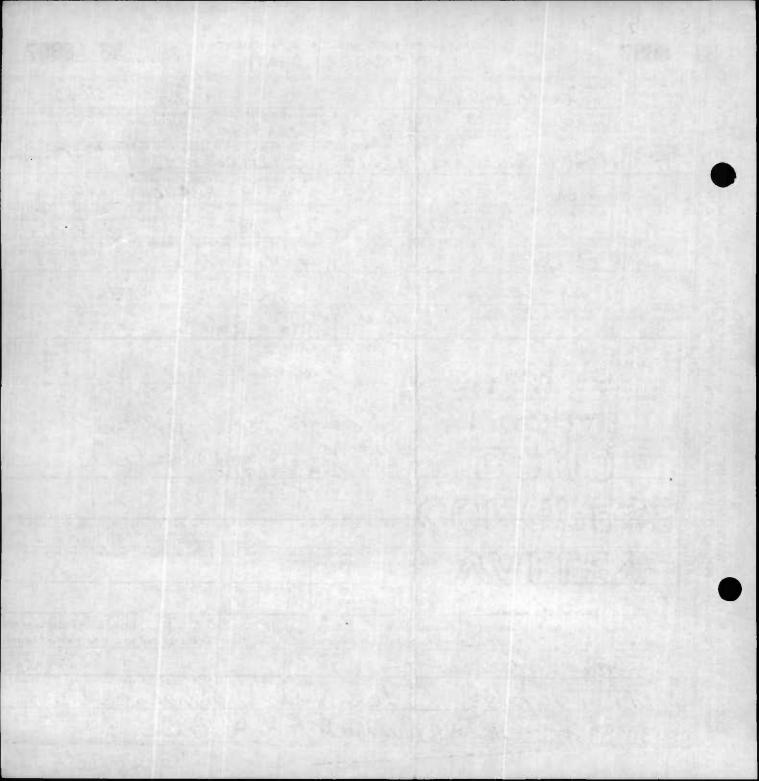


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CERTIFICATE OF DEATH

Registered 53 8697

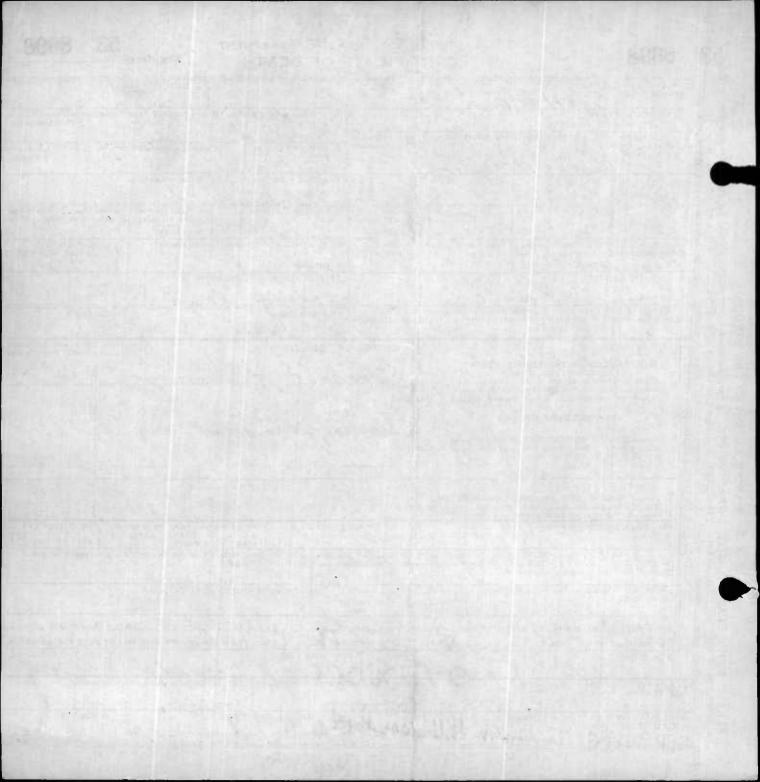
	BII	RTH NO.			CERTIFICAT	L OI DLA				
		NAME OF Divpe or Print)	AMBROS	E SM	! ITH			2. DATE OF DEATH	9-29	-83
	A.		lity, Maryland A			A. STATE	Y LANZ	Where deceased lived B. COUNTY		ion : residence before admission)
	HC	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit) MERCY HO		ion, give street address o location	c. CITY OR TO		outside corporate li	nip, write	RURAL and give township)
	-	7	tay in Baltimore		67 Yrs. Mos. Days	MIC		rural, give location)		٥.
0		SEX	6. COLOR OR RACE	WIDOW	E, MARRIED. ED, DIVORCED (Specify	8. DATE OF BI	18 8 7	9. AGE (In years	If Under 1 Ye Months: Da	
	10.	done during most o	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTR	11. BIRTHPLACE	SYLV		12. CI'	TIZEN OF HAT COUNTRY? U.S.A.
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	15 (Yes	. WAS DECEASE, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES? e of service)	16. SOCIAL SECURITY NO.	17. INFORMAN		ith G	ADDRES	icasHe
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	FICATION	DISEASES	ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) 'ING CONDITION LA	F ANY, GIVIN STATING TH	IG /	/		- failur le sec fi		
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	AL	19A. DATE O		9B. CONDI VAS PERFO	TION FOR WHICH C	PERATION	CAUSE C	TION WAS RELATED F DEATH, ENTER		AUTOPSY?
	EDIC	OR CONTRIE	ENT WAS UNDERLY BUTING CAUSE OF	about	. PLACE OF INJURY home, farm, factory, street, office			(If In Baltimore C	ity, give ex	ract location)
	2	210 TIME (OF INJURY	Month) (Day) (Year)	(Hour)	WHILE AT NOT WH	ILE	OW DID INJ	JURY OCCUR?		
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		23A. SICNA	accuto y	ocho	CO M.O.	23B. ADDRESS			9	DATE SIGNED
	TIC	N REMOVAL	pecify)	63	24c. NAME OF CEMET	ALL OF GREMATO	RY 240. L	Oreen	cast	(State)
		CAL REGIST		SIGNATI	Villiama Ma	25 FUNERAL	COVI	Jenne	ADDR	RESS
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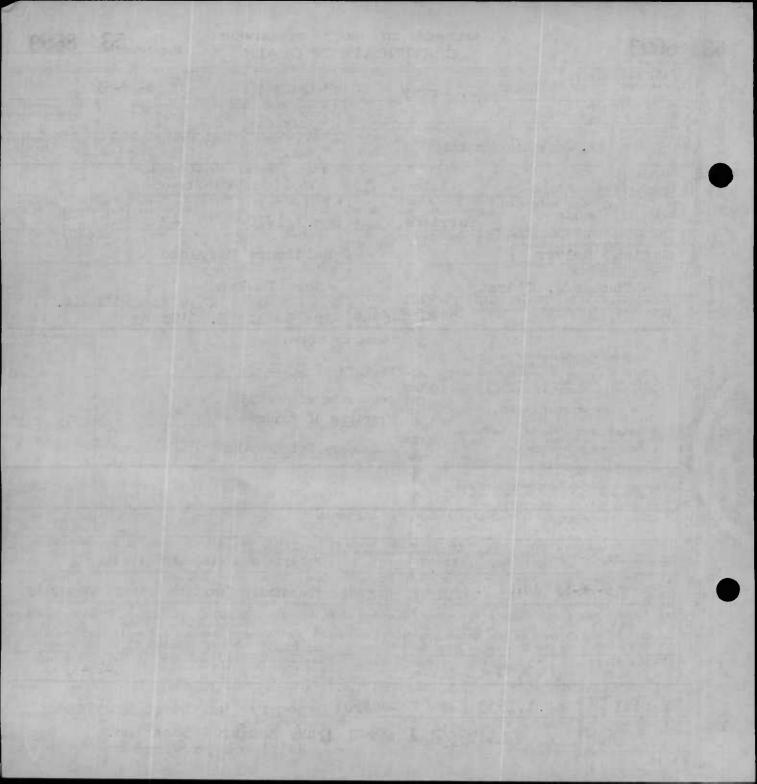
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OF DEATH /28/53	
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f rural, give location)	_
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foreign country) 12. CITIZEN OF	
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OF DEATH, ENTER IN YES NO Z	7
OF DEATH. ENTER IN YES NO (If in Baltimore City, give exact location)	-
NJURY OCCUR?	-
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the causes and on the date stated about 23c. DATE SIGNE	
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LOCATION (City, town, or county) (State)
odlawn, Marvland ADDRESS	
WY, Inc. 715 Light St.	-



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THOMAS J. Grady (O'GRADY) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION St. Joseph's Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1. Compared to the control of the co	
BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION St. Joseph's Hospital Yrs. D. STREET ADDRESS (If rural, give location) A. STATE B. COUNTY Baltimore O' GRADY O' GRADY O' GRADY OF DEATH A. USUAL RESIDENCE (Where deceased lived, If institution: residence admiss or hospital or institution, give street address or location) A. STATE B. COUNTY D. STREET ADDRESS (If rural, give location) O' GRADY OF DEATH OF DEAT	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION St. Joseph's Hospital Yrs. D. STREET ADDRESS (If rural, give location) Where deceased lived. If institution: residence address or hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) A. STATE Maryland C. CITY OR TOWN (If outside corners limits, write RURAL and towns) Baltimore O. STREET ADDRESS (If rural, give location)	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital Yrs. D. STREET ADDRESS (If rural, give location) 2531. As consists Compared to the compa	
Baltimore Vrs. C. Length of stay in Baltimore Life Mos. Days C. Length of stay in Baltimore Life Mos. Days S. SEX Mos. Days S. SEX Married Mite White Midow Edit Married Months: Days	
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Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2531, Air conit h Ctroot	
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, 8. DATE OF BIRTH 9. AGE (in years) 10 birthday) Months: Days Hours 10 birthday 10 birthday Months: Days Hours 10 birthday 10 birthday Months: Days Hours 10 birthday 10 birthday	
Married Married Dec.1,1910 10A. USUAL OCCUPATION (Give kind of or business or industry) Taxicab Driver 13. FATHER'S NAME Thomas J. O'Grady 15. WAS DECEASED EVER IN U.S. ARMED FORCEST (For page of service) To the page of services of servic	
10A. USUAL OCCUPATION (Givekinder) Taxicab Driver 13. FATHER'S NAME Thomas J. O'Grady 15. WAS DECEASED EVER IN U. S. ARRED FORCES? (Yes, no or unknown) (If yes, give wis or dates of service) 10B. KIND OF BUSINESS OR INDUSTRY Baltimore Maryland 14. MOTHER'S MAIDEN NAME NOTA ROWLAND 17. INFORMANT 2534 A1SQUADENESS C.	
Taxicab Driver Baltimore Maryland	TRY?
Thomas J. O'Grady Nora Rowland 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 2534 Alsquabthesst.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL TO UNDER THE ST. OF THE PROPERTY NO. (15 yes, give wit or dates of service) SECURITY NO. SECURITY NO. 17. INFORMANT 2534 A1SQUADERESS.	
(Yes, no or upknown) (If yes, give wer or dates of service) SECURITY NO	
NO (Yes, no or unknown) (If yes, give war or dates of service) 212-09-6789 Mrs Sallie M. O'Grady	
18. F812. 4 CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY	EATH
(This does not mean the mode of dying, e.g., (A) Fracture of Skull	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (b) Contusion of Brain	
Procture of Femin	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O Pulmonary Fat Embolism (A) O Pulmonary Fat Embolism	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS:	
TO THE DISEASE OR CONDITION CAUSING IT. DA U 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPS	Y?
yes X No	
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21b. PLACE OF INJURY (c. g., in or UNDERLYING OR CONTRIB. 21b. PLACE OF INJURY (c. g., in or UNDERLYING OR CONTRIB. 21b. PLACE OF INJURY (c. g., in or UNDERLYING OR CONTRIB. 21b. PLACE OF INJURY (c. g., in or UNDERLYING OR CONTRIB. 21b. PLACE OF INJURY (c. g., in or UNDERLYING OR CONTRIB. 21b. PLACE OF INJURY OCCUR? Federal and Aisquith Streets 21b. Time (Month) (Day) (Pear) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	
Z1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. work work at work at work at work at work	
22. I certify that I took charge of the remains described above, held an autopsy thereon and f	rom
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated ab and death in my opinion resulted from: natural causes \Box , accident \triangle , suicide \Box , homicide \Box , undetermined \Box .	ove,
23A. SIGNATURE Robbin M.D. 23B. CHIEF MEDICAL EXAMINER	
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (St. TION, REMOVAL (Specify)	ate)
Burial Oct.1,1953 New Cathedrel Cemetery Baltimore Maryland Date Received By Registrar's signature 25. funeral pirector 25. funera	-
CED 20 sander & sons inc.	
VS 151 N & O H. 2 GF 25 Baltimore Maryland. Samler.	

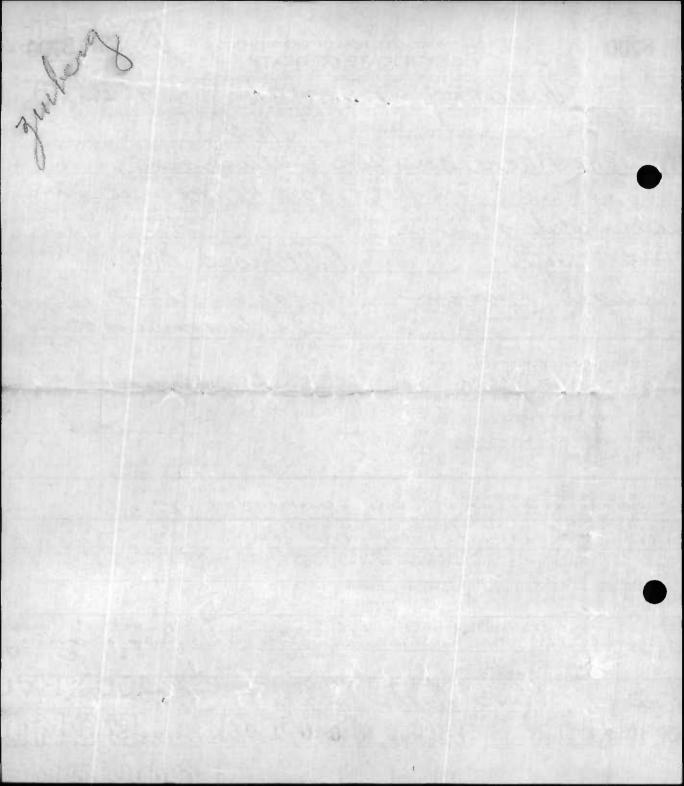


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BALTIMORE CITY HEALTH DEPARTMENT

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IAME OF DE	VOROTI	44 B	URMAN	OF DEATH 9- Z	19-53
	ity, Maryland		4. USUAL RESIDENCE (W	here deceased lived. It ins	htution: residence before admission)
ULL NAME OF TITUTION	OF (If not in hospital or institut	ion, give street address or location)	c. CITY OF TOWN (If	outside corporate limits, w	
	808 Marces	rous wo	e Hallen	rocet	toynship
Length of st	cay in Baltimore	Lefer Mos.	0. STREET ADDRESS, (If 1	cural, give heation)	Mas
uale	WIDOW	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Month	der l Your If Under 24 Hours lis Days Hours Min.
oneduring most o	CUPATION (Give kind of 10B. KIND (working life even if retred)	OF BUSINESS OR INDUSTRY	11. ERTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY
FATHER'S N	and Han	411	14. MOTHER'S MAIDEN NA	Al Kini	
WAS DECEASE no or unknown)	D EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD KMAW-	RESS
18. 216	× ,	CAUSE	OF DEATH		INTERVAL BETWEEN
	E OR CONDITION DIRECTLY	0		,	/
(This does heart failu	not mean the mode of dying, e. are, asthenia, etc. It means the diseas		rebral Einh	s/VS	1007
injury or	complication which caused death	.) OUE TO			
	ANTECEDENT CAUSES	(B)			
RISE TO T	OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING THE	lG .			
UNDERLY	ING CONDITION LAST.	(C)		•••••	
	11		Fib	Id v kerus	
TRIBUTING	IGNIFICANT CONDITIONS CON TO THE DEATH, BUT NOT RELATE SEASE OR CONDITION CAUSING I	D (G7h.		1.10000	2
19A. DATE C	- I color.	FINDINGS OF OPER			YES NO
	R CONTRIBUTING about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		f in Baltimore City, give	e exact location)
21 ME URY	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
OF TORY	m.	WHILE AT NOT WHILE AT WORK			
22. I hereb	y certify that I attended the	deceased from	0/13 19 ; to	9/29,1950,	that I last saw th
deceased a			rred atm., from ti		
23A, SIGNA	218 inta	M. O.	2020 Entain		9/19/53
BURIAL, (S REMOVAL (S	pecify) 9 5		Saac 240. L	CATION (City, town, or	county) (State)
TE RECEIVE		IRE	5. FUNERAL DIRECTOR	2100 6	ODRESS PE
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VS 150

BALTIMORE CITY HEALTH DEPARTMENT

53	8	7	01
egistered No			

В	IRTH NO.			CERTIFICATI	E OF	DEAT	Н	Registere	u 110,		
1. (7	NAME OF D Type or Print)	MARY	TPO	FF						-195	
	PLACE OF D Baltimore (EATH: City, Maryland			A. STA		ENCE (Wh	ere deceased live B. COUNTY	d. If insti	itution : resid	
в. Н	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hosp		tion, give street address or location)		Y OR TOWN		utside corpora	inits w	TATE AL	and give ownship)
0	-0	1911 WA	LBRO.	OK HUE	D CTE	PQ LTC		ral, give location			
		tay in Baltimore	4.	Mes.	29	11 W	QLBR	ook A	UE	1 9 E (1	4 94 11
	EM9LE	6. COLOR OR RAC	WIDOV	E, MARRIED, VED, DIVORCED (Specify)	8. DAT	E OF BIRT	H	9. AGE (In year last birthday)	Months Months	Days Hou	der 24 Hours
10	DA. USUAL OC	CUPATION (Give kind of working life, even if retire WORK	of 108. KINI	O OF BUSINESS OR INDUSTRY	11. BIF	PUSS		eign country)		WHAT CO	OF UNTRY?
1	3. FATHER'S				14. MC	THER'S MA		ME		0.75	
	NOT 1	trown			N	OF K	NOWN)			
1 (Y	5. WAS DECEAS	ED EVER IN U. S. ARM (If yes, give war or de	ED FORCES?	16, SOCIAL SECURITY NO.	17. IN MILT	FORMANT (off -	2911 h	ADDE	RESS	Auc
-	18. 1 = 2			CAUSE			UFF	all u	1400	INTERVAL E	
	100	SE OR CONDITION	DIRECTLY		0. 0.			Valle -		ONSET AND	DEATH
	(This does	LEADING TO DE	ATH of dying, e.	s., (A) Carc	ing	- rec	to se	mil col	ne	195	2
		re, asthenia, etc. It m complication which			1 50	. 01	/ 200	etastas			
		ANTECEDENT CA	USES	·acc	10		Jun /				
Z	DISEASE	S OR CONDITIONS	IE ANY GIVI	(B)	بالا	up	, Dife	tare			***********
NOIL	RISE TO T	HE ABOVE CAUSE (A	A) STATING T								
CA				(C)							
ERTIF	TO THE	11 ENIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSE	RELATED T			no	ne				
AL C	A STATE OF THE PARTY OF THE PAR	OF OPERATION		ITION FOR WHICH OF	PERATIO		CAUSE OF		R IN	20. AUTO	PSY?
EDIC	OR CONTRIL	ENT WAS UNDERL BUTING CAUSE TIFY MEDICAL EXAMI	OF about	B. PLACE OF INJURY (t home, farm, factory, street, office	(e.g., in or bldg.,etc.)			f in Baltimore	City, giv	e exact loca	ition)
2	210. TIME OF INJURY	(Month) (Day) (Yes	r) (Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE	21F. HOW	עמו מום י	JRY OCCUR?			191
					madat	5 Ac		e causes and			
	23A. SIGNA		L, 1932	, and that death ofcu	23B. AD		h Hen	to the		3c. DATE	
T	24A. BURIAL.	Specify)	-19 (3	. Posedeu		CREMATOR	240. LO	CATION (City,	town, or	county)	(State)
	DATE RECEIVE COCAL REGIST	D BY ILEOISTE	110-	Villiams, My		Jeu Jeu	RECTOR IN	- 2100	Eur	law .	PL.

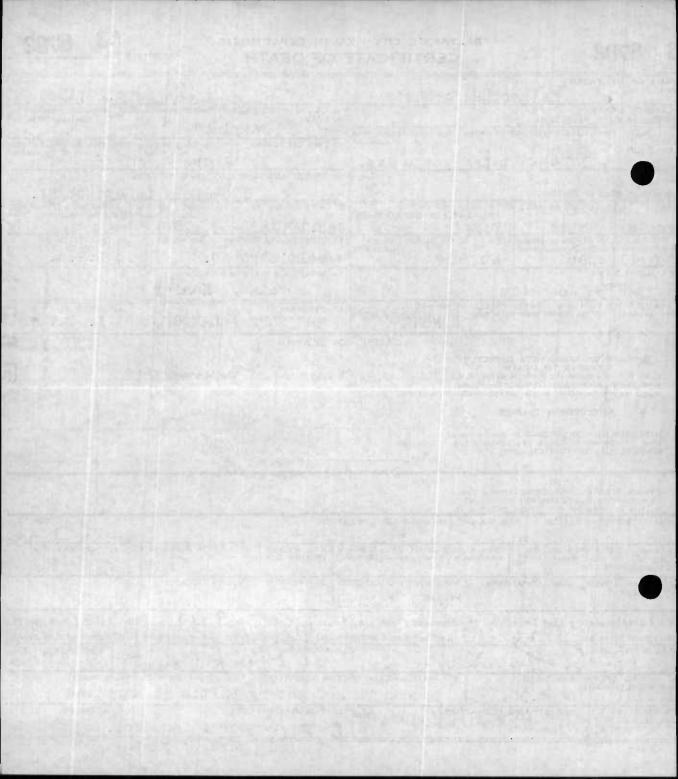
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BALTIMORE CITY HEALTH DEPARTMENT

53 8702

CERTIFICAT	E OF DEATH Registered No.
TH NO. AME OF DECEASED	12. DATE
e or Print) Katherine Jochheim	OF Sept. 27, 1953
LACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence
altimore City, Maryland	A. STATE Maryland before admission)
JLL NAME OF (If not in hospital or institution, give street address of location)	
TITUTION 1204 Fact Informatta Ave	Baltimore township)
1304 East Lafayette Ave.	D. STREET ADDRESS (If rural, give location)
Mos.	
EX 6.COLOR OR RACE 7. SINGLE, MARRIED.	1304 East Lafayette St. 18. DATE OF BIRTH 19. AGE (in years) If Under 1 Year If Under 24 Hours
WIDOWED, DIVORCED (Specify	last birthday) Months: Days Hours Min.
usual occupation (Give kind of) 10B. KIND OF BUSINESS OR	Jan. 19, 1875 78
one during most of working life, even if retired) INDUSTRY	WHAT COUNTRY?
lousekeeper at Home	Baltimore MD. U.S.A.
Adolph Jochheim	Sophia Kohler
WAS DECEASED EVER IN U.S. ARMED FORCES? NO or unknown) (If yes, give war or detes of service) 16. SOCIAL SECURITY NO. NONE.	MRS SOPHIA LANDON 1304 E. Lafayet
8. /Lan. CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	rough Hiraulosis
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
9A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING Obout home, farm, factory, atreet, office bldg.	
ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
WHILE AT NOT WHILE	
m. work at work	929 10 9-22 152
22. I hereby certify that I attended the deceased from	939 19 , to 9-21 , 1953, that I last saw the
deceased alive on 9 · 26, 19 5 3 and that death occu	Trea at the fire, from the causes and on the date stated floore,
11. h. world. M.D.	36 Fork Court 9-28-53
	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial Sept. 30, 1953 Loudon Pa	rk Cemetery Baltimore Maryland
E RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
FD 301052 Tuntuglow	Henry Sander & Sons Inc.
Vs 150	Baltimore Maryland
	Sengt bander



-320 8703 RTH NO.

CERTIFICATE CORRECTED 10/16/53 ES BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8703

RTH NO.	
NAME OF DECEASED (Control of Death 12. Date OF DEATH	7/29/53
PLACE OF DEATH: Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY	institution; residence before admission)
TULL NAME OF (If not in hospital or institution, give street address or)	
SPITAL OR C. CITY OF TOWN (If outside corporate limit	ownship)
Length of stay in Baltimore S	/
	Under I Year II Under 24 Hours
WIDOWED, DIVORCED (Specify) 6/8/35 last birthday) Mo	onths Days Hours Min.
USUAL OCCUPATION (Give kind of lone during most of weaking life, even if retired) Ref. USUAL OCCUPATION (Give kind of lone if retired) INDUSTRY 11. B/RTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY!
FATHER'S NAME 14. MOTHER'S MAIDEN NAME	CSH
Faurence Rohrbach. Keith the	essent!
WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL no or inknown) (If yes, give war or detes of service) SECURITY NO. 17 NFORMANT A	DDRESS
	08 W. 37th St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH INTESTINAL OBSTRUCTION INTESTINAL OBSTRUCTION (A) INTESTINAL OBSTRUCTION (A) INTESTINAL OBSTRUCTION (A) DUE TO Internal hernia of ileum with generalized peritonitis DUE TO (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	1
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, form, factory, street, office bldg., etc.) 1NJURY OCCUR?	give exact location)
2 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WORK AT WORK	7
deceased alive on 1/2 9, 19 53, and that death occurred at 2 7 m., from the causes and on the	, that I last saw the
23A. SIGNATURE 235. ADDRESS	23C DATE SIGNED
A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, N. REMOVAL (Specify)	, or county) (State)
Sunal 142/53 Fanavietack - Mindon Mull	Oloado
TE RECEIVED BY REGISTEAR'S SIGNATURE.	-17 Plestand
VS 150	

See directive in Document File from

Dr. G. R. Brinkley, Jr.,

Dept. of Obstetrics,

University of Md., School of Medicine.

TH NO

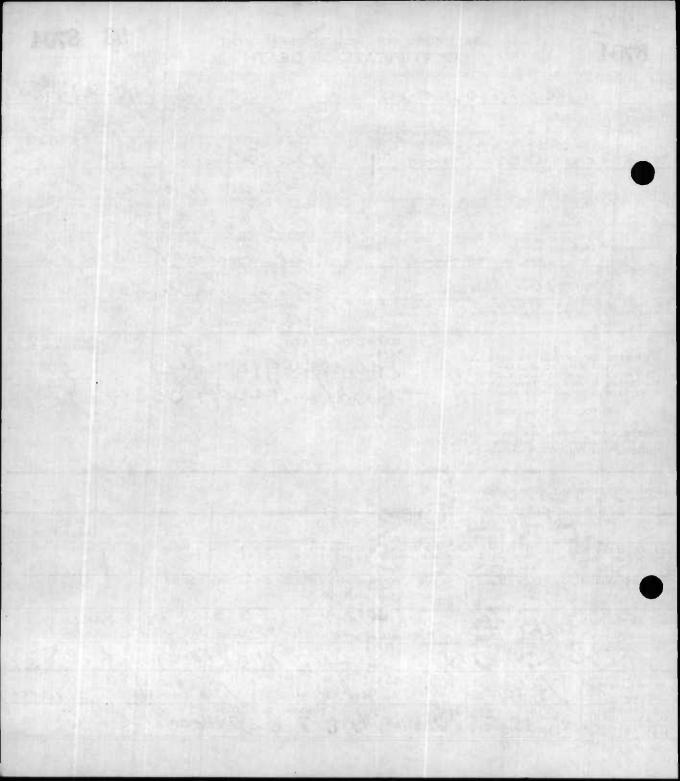
NAME OF DECEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

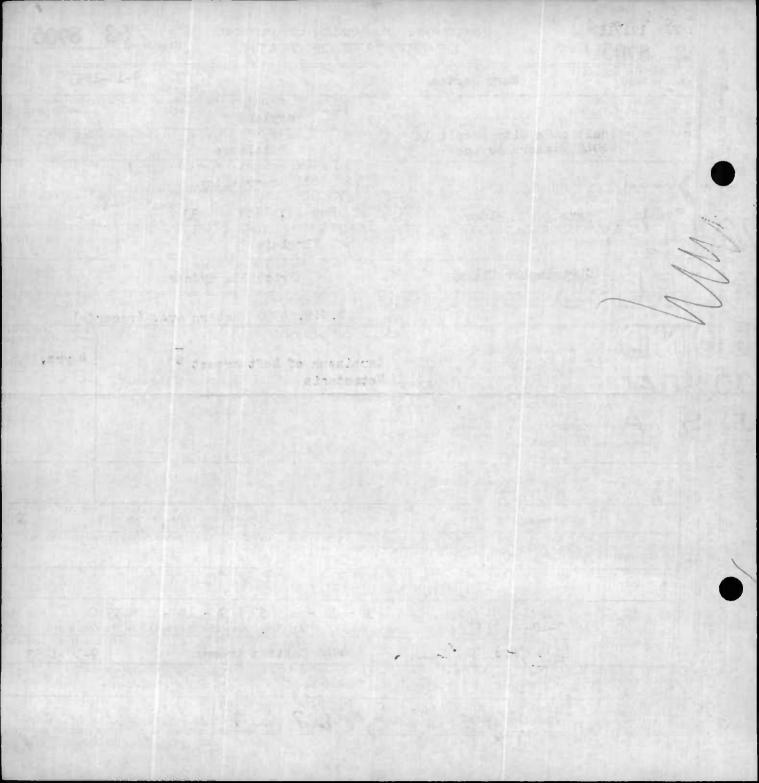
2. DATE

pe or Print) OF le DEATH PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased livid, If institution: residence Baltimore City, Maryland before admission) ULL NAME OF (If not in hospital or institution, give street address or SPITAL OR Ban Wal - Ba Hon Q location) alf outside corporate limits, write WU A and give C. CITY OR TOWN TITUTION township) Ca. (If rural, give location) Yrs. D. STREET ADDRESS Mos. Length of stay in Baltimore 1426 a Moshe Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF tone during most of working life, even if retired) INDUSTRY WHAT COUNTRY FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS no or unknown) (If yes, give war or dates of service) SECURITY NO. V.O INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or about home, ferm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 28, 19 3 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on the state of the state and that death occurred at. From the causes and on the date stated above. 23A. SINATHE 23c. DATE SIGNED 238. ADDRESS CREMA REMOVAL (Specify TE RECEIVED BY ADDRESS REGISTRAR'S SIGNATU 25. FUNERAL DIRECTOR CAL REGISTRAR 61W. Barr VS 150



The	
illy supplied.	
E.	No.
PLEASE WRITE PLA LY, WITH UNFADING INK. Every item of information should be fully supplied. The	correct age is especially important. Physicians: please write the causes of death clearly and legacly.
UNFADING INK.	Physicians: please v
PLEASE WRITE PLA LY, WITH	correct age is especially important.

B	FJ 9717	15	BAL	TIMORE CITY HE	EALTH DEPAR	RTMENT	53	8705
53	RTH 870	5		CERTIFICATI	E OF DEA	ТН	Registered No	0100
	NAME OF D	ECEASED	lary Bar	ton			2. DATE OF DEATH	-1953
Α.		City, Maryland	al or instituti	on, give street address or	A. STATE	DENCE (W	here deceased lived. If in B. COUNTY	stitution: residence before admission)
HC		Baltimore Ci 4940 Eastern	ty Hosp	itals location)	c. CITY OR TOV		outside corporate limits,	write RURAL and give township)
С.	Length of s	tay in Baltimore		Yrs. Mos. Days		RESS (If r	rural, give location)	-05
-	SEX	6. COLOR OR RACE		MARRIED.	8. DATE OF BIR	тн		der I Year If Under 24 Hours hs Days Hours Min.
I	Temale .	Negro	Widow	ED, DIVORCED (Specify)	may 10, 1			ns, Days Hours, Mill.
		CUPATION (Give kind of of working life, even if retired)	10в. KIND	OF BUSINESS OR INDUSTRY	Virgini		reign country)	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	Christophe	r Dixon		14. MOTHER'S Pris	cilla S		
		ED EVER IN U. S. ARMEI (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. 494		orn Ave. (reco	oress
	18. 170	X ı		CAUSE	OF DEATH			INTERVAL BETWEEN
	DISEAS (This does	SE OR CONDITION LEADING TO DEA' not mean the mode of	TH of dying, e. g	.09 (M)	inema of Le	ft Bres	est C	4 yrs.
		re, asthenia, etc. It mea complication which			stasis			
		ANTECEDENT CAUS	SES					
Z		S OR CONDITIONS, 1			***************************************	•••••••		•••••••••••••••••••••••••••••••••••••••
ATI		THE ABOVE CAUSE (A)		E DUE TO				
FIC				(0)				
ERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT OR CONDITION CAUSING	RELATED TO					
AL C		F OPERATION 1		TION FOR WHICH OF	PERATION	CAUSE O	TION WAS RELATED TO F DEATH, ENTER IN R PART II	YES NO
EDICAL	OR CONTRI	ENT WAS UNDERLY BUTING∐ CAUSE OF FIFY MEDICAL EXAMINE	about	PLACE OF INJURY (none, farm, factory, street, office	e. g., in or hldg., etc.) 21C. WH INJURY	OCCUR?	If in Baltimore City, g	ive exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 2	VHILE AT NOT WHILE AT WORK	LE	תאו מום M	URY OCCUR?	
	22 I harak	on contifu that I at	tonded the	deceased from 6 -		53 to 9	- 10 - , 19 53	that I last saw the
	deceased a	live on 9-10-	_, 19_ 53	and that death occur	rred at 7:45P			date stated above
	23A, SIGNA	TURE 472 9)- Lu- 1	M. D.	4940 Easte:		ue	9-10-1953
	A. BURIAL		1 -	MT CEMEN	ERY OR CREMATOR	240. LG	alt mus	r county) (State)
	ATE RECEIVE	D BY REGISTRAR		Williams M	25 FUNERAL D	IRECTOR	Rica bil	ADDRESS
=	SFP 30	1959	7	· Characteristics	marke	sur!	16-6 001	1st
1								AND A



33	520 8796 174976
BIRT	H NO.
	AME OF DECEASED

BALTIMORE CITY HEALTH DEPARTMENT

Registered 53 8706

BIRTH NO.	CERTIFICA	TE OF DEATH Register	red No.
1. NAME OF DECEASED (Type or Print) Frances 1	lhlen Bunch	2. DATE OF DEATH	9-29-53
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNT	TY before admission
HOSPITAL OR Baltin	spital or institution, give street address nere City Hospitals ceati lastern Ave		e limits, write RURAL and give township
c. Length of stay in Baltimor	Yr Mo e Da	Baltimore Co. Md.	on)
Female White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific Married)		ars If Under 1 Year H Under 24 Hours y) Months Days Hours Min.
10A. USUAL OCCUPATION (Give ki work done during most of working life, even if ref	ind of 108. KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	: Ehlen	14. MOTHER'S MAIDEN NAME Marie Parker	
15. WAS DECEASED EVER IN U. S. A. (Yes, no or unknown) (If yes, give war or	RMED FORCES? 16. SOCIAL SECURITY NO	B. C. H. Records, 4940 Es	ADDRESS
heart failure, asthenia, etc. It injury or complication whi ANTECEDENT COMPLETED TO THE ABOVE CAUSE UNDERLYING CONDITION UNDERLYING CONDITION TO THER SIGNIFICANT CONDITION OTHER SIGNIFICANT CONDITION TO THE SIGNIFICANT	AUSES (B) (C)	icate	
U DISEASE OR CONDITION CAU	SING IT.	*	
19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER	198. CONDITION FOR WHICH WAS PERFORMED	OPERATION IF OPERATION WAS RELA CAUSE OF DEATH, ENT PART I OR PART II Y (o. g., in or 21C. WHERE DID (If in Baltimore	TER IN YES NO
21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (NOTIFY MEDICAL EXAMPLE)	E OF about home, farm, factory, street, o		only, give exact totalion,
210 TIME (Month) (Day) (YOF INJURY	WHILE AT NOT	RRED 21F. HOW DID INJURY OCCUR?	
	53 19 and that death oc	24-53 , 19 , to 9-29-53 , curred at 7.46A from the causes and	
1	1 1)		0.00.45
N/A	un lay. M.D.	4940 Eastern Ave.	9-29-53
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Oct.		ETERY OR CREMATORY 24D. LOCATION (City,	town, or county) (State) Te, Maryland.

New Manufell and the elstimos etal ouncidad 407. 407.45 Part Stranger Salding II The same of the sa Authoritor office and the color of the color STATISTICS.

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BALTIMORE CITY HEALTH DEPARTMENT

Registered	53	8708
Registered	No.	0700.

P	RTH NO.			CERTIFICATI	E OF DEA	TH	Regist	tered No	
	NAME OF D	ECEASED					2. DATE	1	-
(T	ype or Print)	JOHN	W. GE	r			OF DEATH	9/27	/53
	PLACE OF D	EATH:			SIDENCE (V	Where deceased		itution : residence	
	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address of			on give atmost address on	MARY	LAND	B. COU	NIY	before admission)
H	SPITAL OR			location)			outside corpo	ate limits w	
IN	STITUTION	1612 W. L.	ANVALE	STREET	BALTI	MORE	/	6	township)
1				Yrs.	D. STREET AD		rurai, give loca	tion)	
1	Length of st	tay in Baltimore	3 YRS	Mos. Days	1612	W. LA	NVALE S	TREET	
	SEX	6. COLOR OR RACE		, MARRIED,	8. DATE OF BI	RTH	9. AGE (In	years If Unda	i Year If Under 24 Hours
	M	G	WIDOW	ED, DIVORCED (Specify)	1/12/18	871	last birthe	day) Wonths	Days Hours Min.
	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLAC		oreign country)	12.	CITIZEN OF
worl	FARME	of working life, even if retired)	AGR	ICULTURE		VA.		П	WHAT COUNTRY?
13	FATHER'S		AGI	TOULIUNG	14. MOTHER'S		AME	- 1	eDeRe .
	- 0.001					- 4			/
15	SCOTT	CHE D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL		IA BEL	L.	4000	1500
(Ye	e, no or unknown)	(If yes, give war or dete	s of service)	SECURITY NO.	HON BOA	Hoo 1	(1)	WADDE	(ESS V
-	NO	NONE		NONE	000100	max (16	12 LAI	INTERVAL BETWEEN
	18. 490	XI		CAUSE	OF DEATH	2			DNSET AND DEATH
	DISEAS	E OR CONDITION LEADING TO DEAT		J.	1. 6		-		11.1.
		not mean the mode ore, asthenia, etc. It mea	of dying, e. g		var vi	reum	The contract of the contract o		1 WK
		complication which							
15		ANTECEDENT CAUS	SES	P. t	ris Sch	2 -			
Z	5105105	OR CONSITIONS		(B)	ns. Scl	erosis	>		••••••
12	RISE TO T	OR CONDITIONS, I	STATING TH						
ERTIFICATION	UNDERLY	ING CONDITION LA	NST.	(C)		******************	********************		
F		11							1
E		NIFICANT CONDITIONS							
CE		R CONDITION CAUSING		THE					
	19A. DATE O		9B. CONDI	TION FOR WHICH OF	PERATION		TION WAS RED		20. AUTOPSY?
AL			H			PARTI	OR PART II		YES ND
O C		ENT WAS UNDERLY BUTING CAUSE OF		. PLACE OF INJURY (nome, farm, factory, street, office		Y OCCUR?	(If in Baltimo	re City, giv	e exact iocation)
EDI		TIFY MEDICAL EXAMINE							
Σ		Month) (Day) (Year)	(Hour)	TE. INJURY OCCURR	ED 21F. H	OW DID IN	JURY OCCUR	?	ı
	OF INJURY	3	m.	WHILE AT NOT WHI					
				}		057 40	Solt 3.	7 10.13 +	hat I last saw the
	22. I hereb	y certify that Lat	tended the	and that death occu					
	23A. SIGNA		1925.	ana inai aeain occa	23B. ADDRESS .	Lines, from C	one canses as	2	3c. DATE SIGNED
	11.0	Time ald Bo	ando-	м. D.	2445- Drue	d Hell	die	9	1/29/53
2	4A. BURIAL.	CREMA- 24B. DATE		24c. NAME OF CEMETE			OCATION (Ci	ty, town, of	county)/ (State)
Ti	AA. BURIAL, ON, REMOVAL (S	, ,			A DOM	77.0	DD ***		
	TRIAL.	D BY REGISTRAR	S SIGNAT		APTIST GI	DIRECTOR	KU, VA	A	DDRESS
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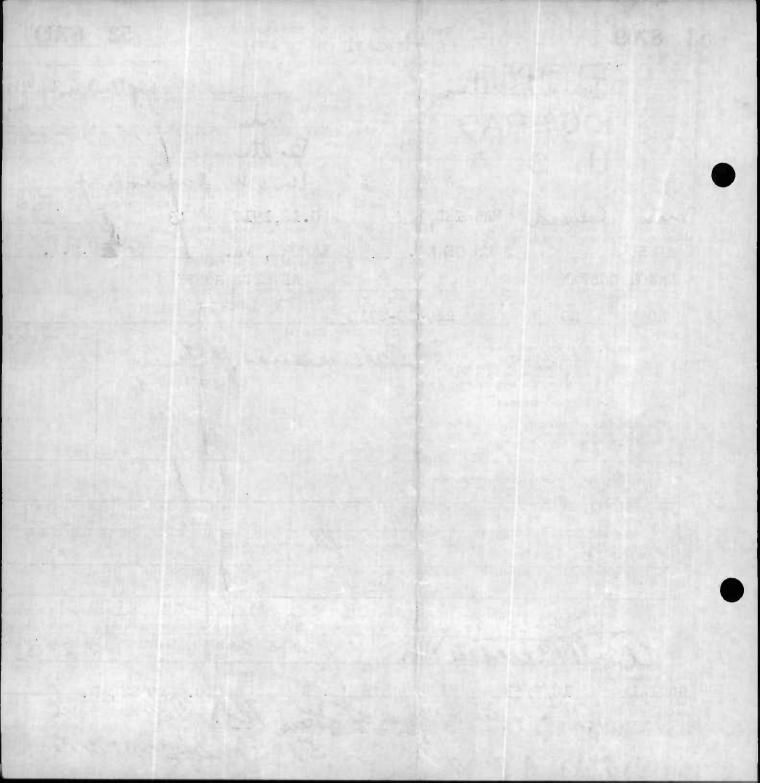
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who	PLEASE WRITE PLANTY, WITH UNFADING INK. Every item of information should be fully supplied. The	correct age is especially important. Physicians: please write the causes of death clearly and legisly.
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 3 8709

BIRTH NO.		OF DEA	1 1	Mb
I. NAME OF DECEASED			10.0475	
(Type or Print)			2. DATE OF	to 1 20 lace
3. PLACE OF DEATH:	en	4. USUAL RESI	DEATH DEATH DENCE (Where deceased live	
A. Baltimore City, Maryland		A. STATE	B. COUNTY	before admission)
LOCALTAL OR	tution, give street address or location)		N.	
INSTITUTION JOHNS HOPKIN	S HOSPITAT	C. CITY OR TOY	(If outside corporate in	nits, with RURAL and give township)
2.3		1200	homase 10	
	Yrs. Mos.		RESS (If rural, give location)	
c. Length of stay in Baltimore	20 YRS Days	160	U. Samua	le,5+
	GLE, MARRIED. OWED, DIVORCED (Specify)	8. DATE OF BIR	TH 9. AGE (lu years	Months: Days Hours Min.
	RIED (Specify)	AUG.12.1		Tours Days Hours Mini.
	ND OF BUSINESS OR		(State or foreign country)	12. CITIZEN OF
work done during most of working life, even if rotired) PACKER SAUS	INDUSTRY	EVMODE	TT A	U.S.A.
PACKER SAUSA	tor co.	EXMORE 14. MOTHER'S		U.D.K.
MAYOR COSTEN	Tarring San Avine			
			RTA ASHBY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMAN	S HOPKINS HOSPITAL	ADDRESS
NO NO	229-10-2714		TOTRINS HOSPITAL	
18. 1 6 3 X	CAUSE C	F DEATH	, ,	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	v 0			ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	Carci	ultu	- I lung	
heart failure, asthenia, etc. It means the dis-	ease,			***************************************
injury or complication which caused de	ath.) DUE TO			
ANTECEDENT CAUSES				
Z DISTINCT OF CONDITIONS				
DISEASES OR CONDITIONS, IF ANY, GI'RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
UNDERLYING CONDITION LAST.				
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L II				
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING			
DISEASE OR CONDITION CAUSING IT.	BUTING TO THE		IS OPERATION WAS BELATED	TO L 20 AUTOPSV2
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CON WAS PER.	BUTING TO THE DITION FOR WHICH OP		IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER	IN D/
D DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. CON WAS PER	BUTING TO THE DITION FOR WHICH OPE FORMED.	ERATION	CAUSE OF DEATH, ENTER PART I OR PART II	IN YES NO NO
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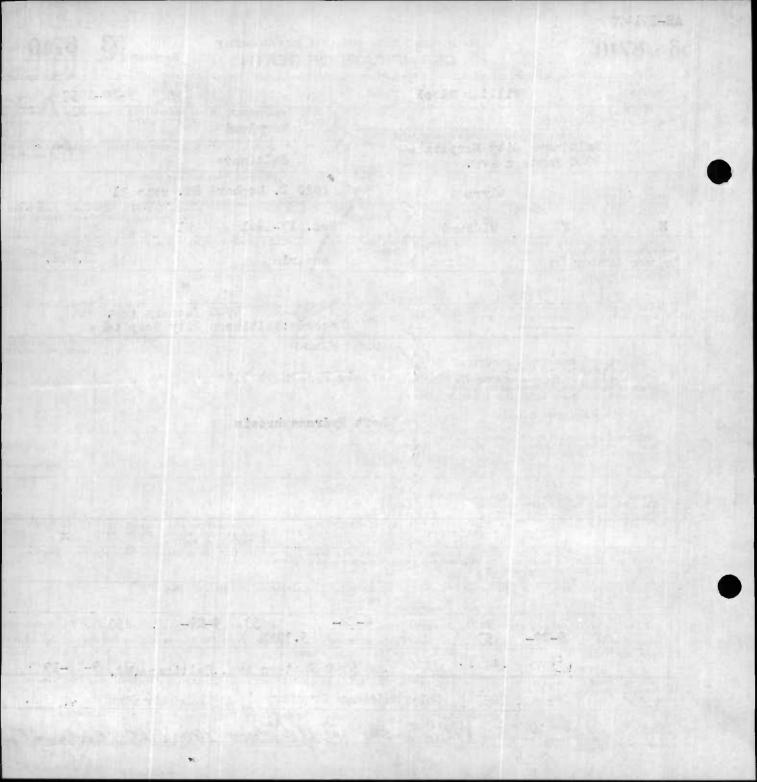
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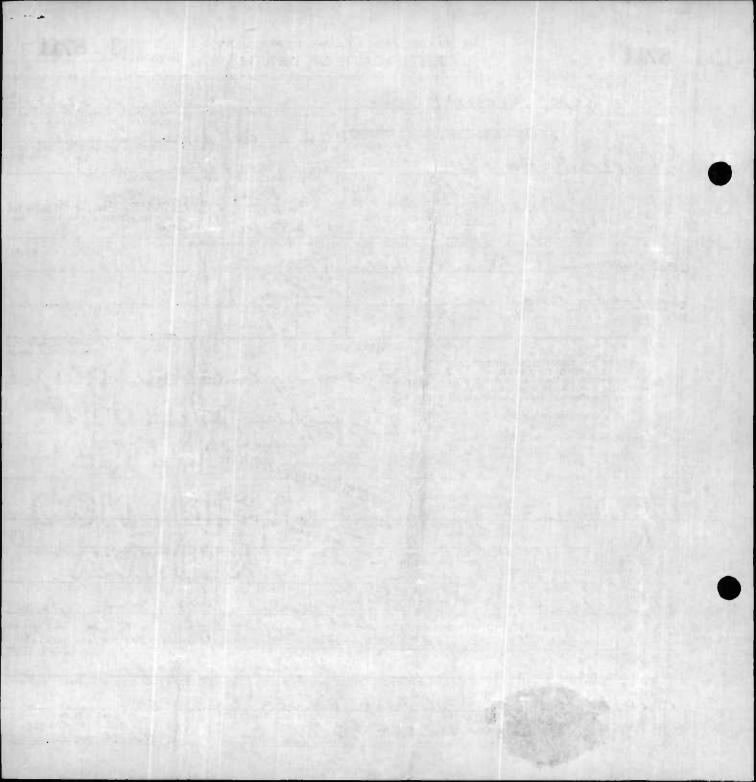
AB-171479424 53 B 8750
BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT

53 8740

11	2 ~ Q \ I	.0		CERTIFICAT	E OF I	DEATH	Registered I	Vo	OVILU	
1.	NAME OF DE	CEASED	114	737			2. DATE OF 0_2	20. 20.		
			illiam	PTOST			DEATH	29-195		
Α.		ity, Maryland	al on institu	tion, give street address or	A. STATE		here deceased lived. If B. COUNTY	instituti	on : resident efore admis	ce ssion)
H	OSPITAL OR ISTITUTION	Baltimore C:	ty Hos			Baltimore	outside corporate limit	s, write I		d give
C.	Length of st	ay in Baltimore	6lyrs	Yrs. Mos. Days		E. Lombard	rural, give location) St. zone 31			
	SEX	6. COLOR OR RACE	7. SINGL WIDOV	E. MARRIED.	B. DATE	0F BIRTH 17-1861	9. AGE (in years last birthday)	f Under 1 Yea onths Da		
WOT	Driver Lu	CUPATION (Give kind of f working life, even if retired) mber Co		of Business or INDUSTRY		HPLACE (State or for	reign country)	12. CIT	S.A.	ITRY
13	FATHER'S N	AME			14. MOTH	HER'S MAIDEN NA	ME			
	?	Blo	sl			?				
15 (Ye	No or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFO	RMANT 4940 s:Baltimore	Eastern Ave City Hospit	DDRESS	5	
CATION	neart failui injury or DISEASES	LEADING TO DEAT not mean the mode of re, asthenia, etc. It means complication which of the complication which of the complication which of the complication which of the complication which is considered to the complete of t	f dying, e. ns the disea auscd deat ES ANY, GIVI	se, h.) DUE TO		onephritis ophresis				
CERTIFIC	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT I	RELATED T	UTING O THE						******
CAL	19A. DATE O		AS PERF			CAUSE O	F DEATH, ENTER	IN YES	AUTOPS)	
MEDIC	OR CONTRIE	INT WAS UNDERLY UTING CAUSE OF	abou	B. PLACE OF INJURY t home, farm, factory, street, office	(e. g., in or 2 bldg.,etc.)	IC. WHERE DID (If in Baltimore City,	give ex	act location	n)
	OF INJURY	Month) (Day) (Year)	m.	2 IE. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	ILE I	1F. HOW DID INJ	URY OCCUR?			
	22. I hereb	y certify that I att	ended the	e deceased from	2	, 19_53 to_9.	29-, 195	3, that	I last sat	w th
	deceased al	ive on	153	and that death occu	rred at 2		he causes and on t			
	23A. SIGNAT	TURE 117	Lune	(0)	238. ADDR		. 1		DATE SIG	
- 2	4A. BURIAL, C	REMA- 248 DATE	3-007	24C. NAME OF CEMETI	RY OR CRE	MATORY 24D. LO	Baltimora Md	or coun		tate)
Ti	ON REMOVAL (S	pecify) Oct 2,	1953	Holy Redeem			O Relair Ros		Md	
	ATE RECEIVE	BY REGISTRAR	SSIGNAT	URE	1 25 FUN	RAI DIRECTOR		ADDR		
L	OCAL REGIST	RAR	+ 1	116 Fin MS	0 11	1 /1/2/1"	CON FIRM	404	40 6	-





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NAME OF DECEASED pe or Print)

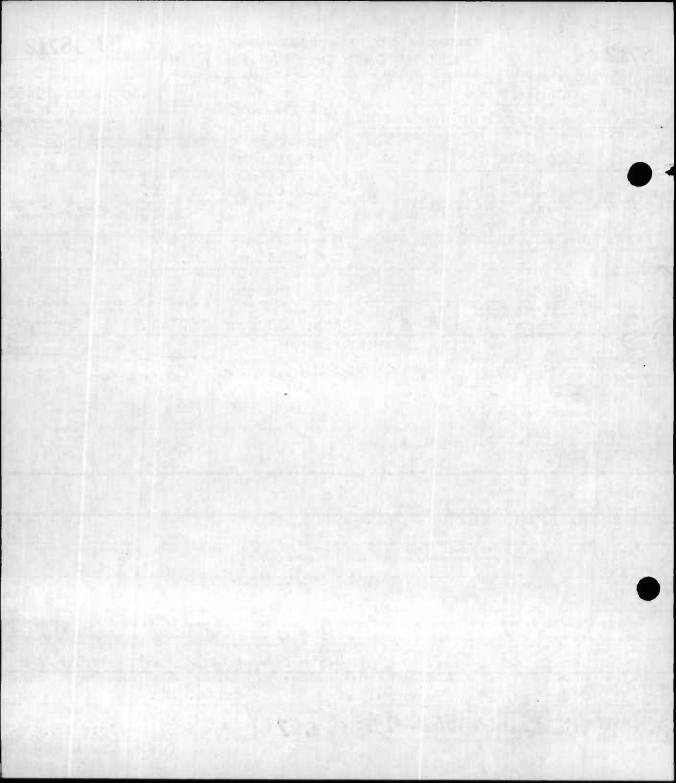
Janet Moog LACE OF DEATH:
Baltimore City, Maryland 1603 Cold Spring I

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	53	8712
Tre Proces ca	110.	

2. DATE OF September 29,53

ACE OF DEATH: altimore City, Maryland 1603 Cold Spring L	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. CQUNTY before admission)			
ULL NAME OF (If not in hospital or institution, give street address or location)	Ma Balteniere			
1603 Cold Spring Lahe	c. CITY OR TOWN (If outside corporate limits, write RÜRAL and give township)			
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
ength of stay in Baltimore L116 Days	9100 Old Harford Rd.			
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 9. AGE (In years of Under 1 Year last birthday) Months Days Hours Min.			
USUAL OCCUPATION (Give kind of neduring most of working life, even if retired) HOUSEWITE None	11. BIRTHPLACE (State or foreign country) Baltimore Md. 12. CITIZEN OF WHAT COUNTRY?			
ATHER'S NAME	14. MOTHER'S MAIDEN NAME			
? Wooden	Unknown			
AS DECEASED EVER IN U. S. ARMED FORCES? or unknown) (If yee, give war or dates of service) NO	17. INFORMANT ADDRESS Lane Cath. Willman 1603 E. Cold Spring			
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
PA. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?				
ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e.g., in or shout home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				
TE (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK				
2. I hereby certify that I attended the deceased from Exercises alive on Exercise \$\times 8.19.5.3 and that death occur	red at 7 A.m., from the causes and on the date stated above.			
	38. ADDRESS 4808 Harford Rel. 9/24/53			
BURIAL CREMA- 2/B. DATE 24C. NAME OF CEMETER PROVAL (Specify) 24C. NAM	RY OR CREMATORY 245 LOCATION (City, town, or county) (State) Balto. Md.			
RECEIVED BY REGISTRAR'S SIGNATURE AL REGISTRAS Tuntunglon Wolliams Market April 1983	Pau BA7 Helemann 6067 Harford Rd.			
VS 150				



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BALTIMORE CITY HEALTH DEPARTMENT

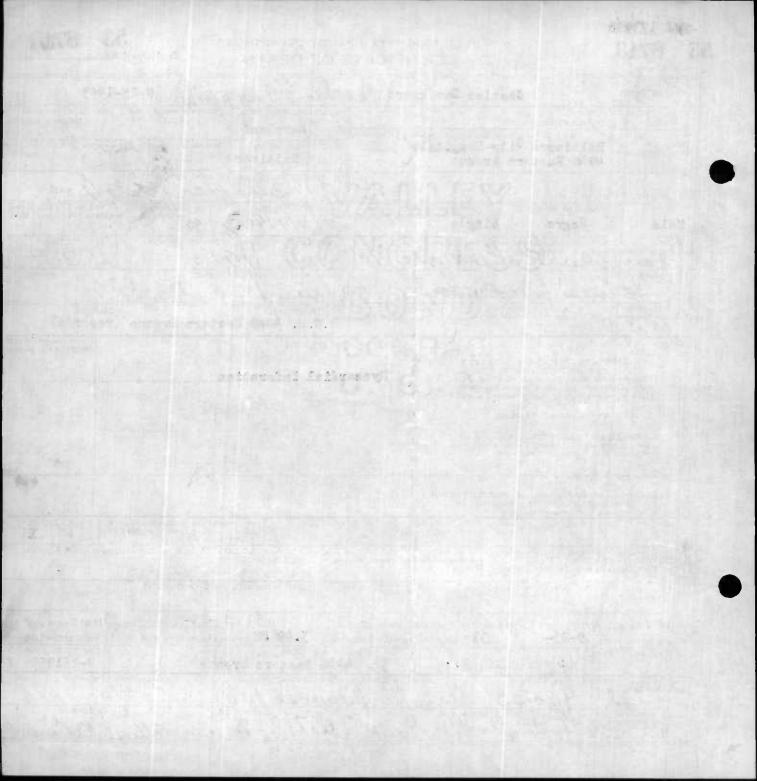
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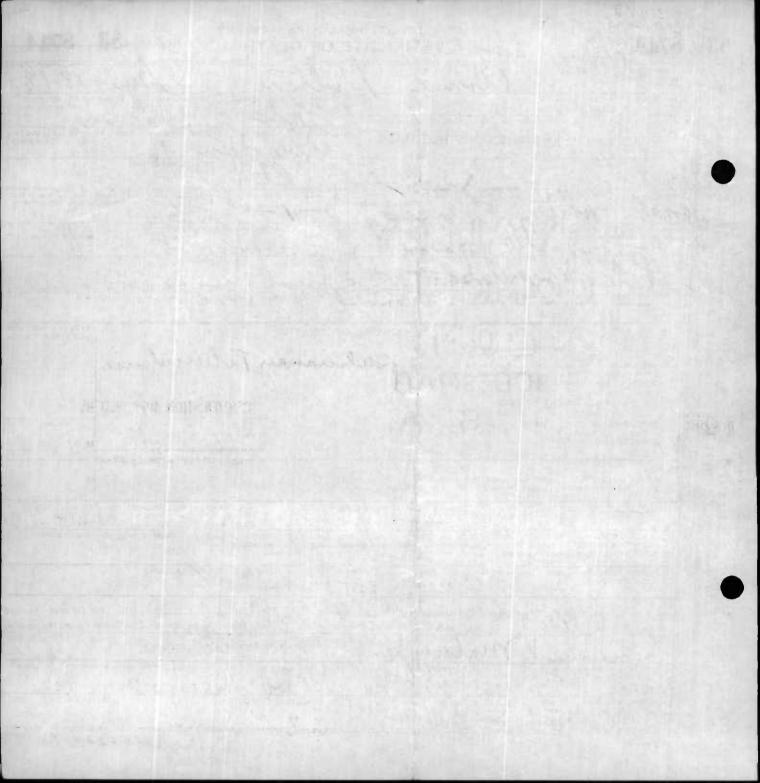
BIRTH NO.	CERTIFICATE OF DEATH			
1. NAME OF DECEASED	Davenport Charle	& H. Darcus	2. AATE 9-25-19	53
a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution Baltimore City Hospital	ution, give street address or spitals iocation)	Maryland	here deceased lived. If insti B. COUNTY outside corporate limits, y	before admission
c. Length of stay in Baltimore	Yrs. D. ST Mos. Dsys	REET ADDRESS	ryfal, give leation) ar foud	lere
5. SEX 6. COLOR OR RACE 7. SING		14/1903	9. AGE (in years last birthday) Months	l Year If Under 24 Hours Days Hours Min.
ork roughdring most working life, even if etired)	OF BUSINESS OR 11. BI	RTHPLACE (State or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY
13. FATHER SNIME DURCE	fort a de	eraula U	utchell.)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, major unknown) (If yes, give war or dates of service)	OFFICIAL NO.	FORMANT .H. 4940 East	ern Avenue (re	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the diserinjury or complication which caused death antecedent Causes ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVERISE TO THE ABOVE CAUSE (A) STATING OUNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED	ase, (A) Myseardia ase, th.) DUE TO	l Infarction		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED OISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONE	DITION FOR WHICH OPERATI FORMED	CAUSE O	F DEATH, ENTER IN	20. AUTOPSY?
U 21a. ACCIDENT WAS UNDERLYING 2.0 OR CONTRIBUTING CAUSE OF about DEATH (NOTIFY MEDICAL EXAMINER)	1B. FLACE OF INJURY (e. g., in o ut home, farm, factory, street, office bldg., etc.		If in Baltimore City, giv	e exact location)
210 TIME (Month) (Day) (Year) (Hour) OF INJURY m.	2 IE. INJURY OCCURRED WHILE AT NOT WHILE AT WORK	21F. HOW DID INJ	URY OCCUR7	
22. I hereby certify that I attended the deceased alive of -25- 1953	ne deceased from 8-29- , and that death occurred at	5.48 PM, from t		hat I last saw th
23A. SIGNATURE Hoffeling b		Eastern Avenu	le	3c. DATE SIGNED 9-251953
241. BURIAL, CREMA- 24B DATE.	24C. NAME OF CEMETERY OR	0 10 1/2	OCATION (City, town, or	county) (State)

UNFADING INK. Every item of information should be ca Physicians: please write the causes of death clearly and legi PLEASE WRITE PLAIN, Y, WITH correct age is especially important.

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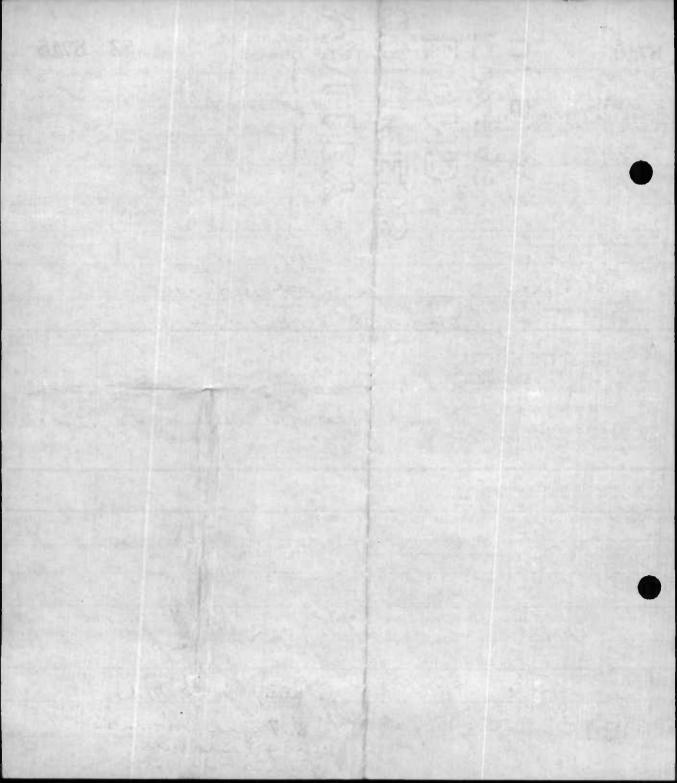


-326

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Register 530 8715

2. DATE OF DEATH SEAT . 28.53				
4. USUAL RESIDENCE (Where deceased lived it institution residence A. STATE B. COUNTY before admission)				
mareland of				
c. CITY OR/TOWN (If outside corp rate limits, write RURAL and give township)				
D. STREET ADDRESS (If raral, give location)				
3015 Westwood Ave. 16#				
8. DATE OF BIRTH 9. AGE (In years Winder Worder 24 Hours last birthday) Months; Days Hours Min.				
3/22/85 68				
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Hungary. 4,8,A.				
p. IV				
17. INFORMANT ADDRESS				
Anna Heidecker-wife Same				
OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
I Mellinoma A days.				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
ATION 20. AUTOPSY?				
1A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)				
YING OR CONTRIBUTING Sout home, [srm, factory, street, office bidg., etc.] INJURY OCCUR? AUSE OF DEATH				
ED 21F, HOW DID INJURY OCCUR?				
2. I hereby certify that I attended the deceased from Sept 25, 1953, to Sept 28, 1953 that I last saw the				
cceased alive on Lego 7.28, 1963, and that death occurred at 7 from the causes and on the date stated above. 3A. SIGNATURE 238 DATE SIGNED				
Letteren Hapital Sext 2853				
RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
Cemetery Balto, Md.				
25. FUNERAL DIRECTOR ADDRESS				
PA 8 7 :00 Th-				
14204 Leeds are				



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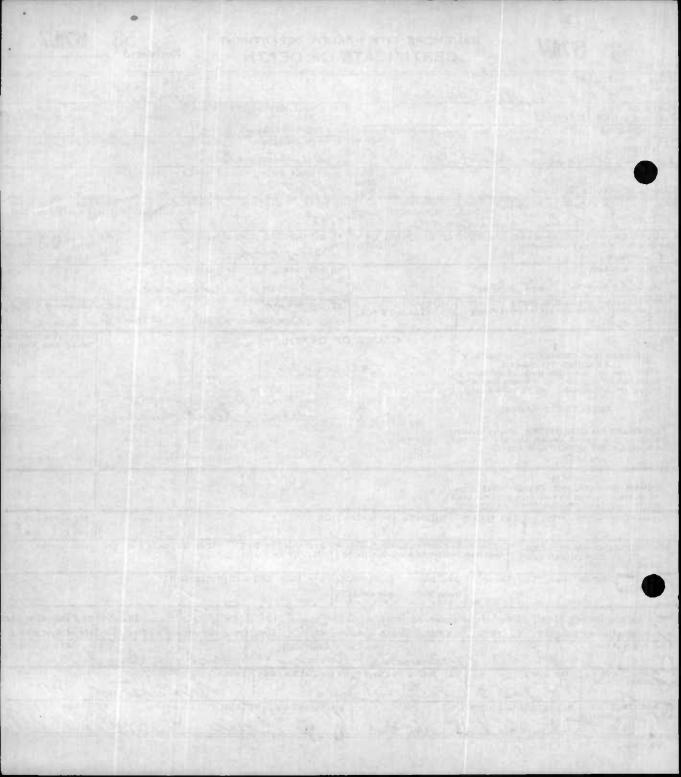
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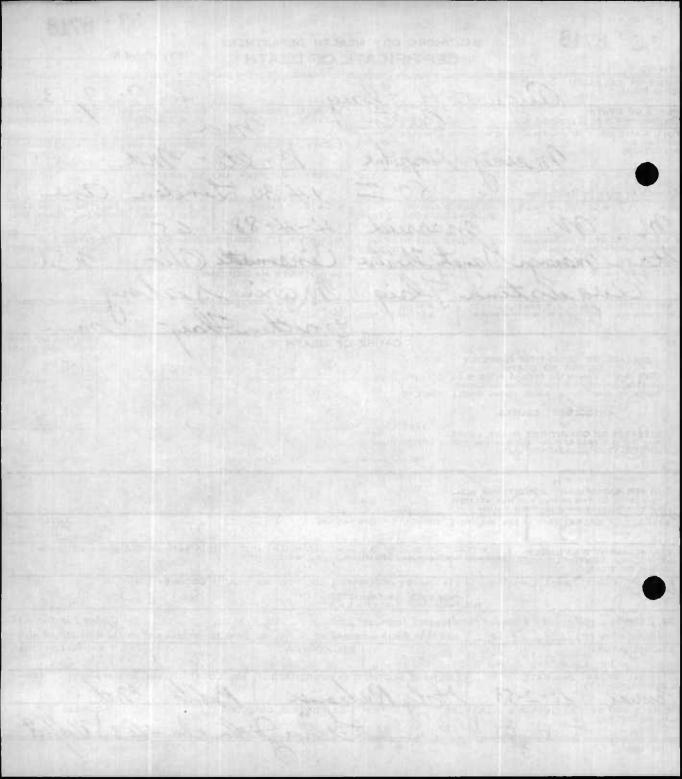
NAME OF DECEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 871.7

NAME OF DECEASED			2. DATE	1 1-
pe or Print) MR. NEVIN HITE	SHEW		OF DEATH 9/	30/53
LACE OF DEATH:		4. USUAL RESIDENCE (W	here deceased lived.	
Baltimore City, Maryland ULL NAME OF (If not in hospital or in	stitution, give street address or	maryland	B. COUNTY	before admission)
SPITAL OR	location)			mits, write RURAL and give
more memorial Ho	So. Tal.	Westminster		township)
The property of	Yrs.	D. STREET ADDRESS (If		
ength of stay in Baltimore	Mos.	Route 6	, 5	5600-
	Days NGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	II Under 1 Year II Under 24 Hours
male white w.	DOWED, DIVORCED (Specify)	Oct. 6, 1871	last birthday)	Months Days Hours Min.
. USUAL OCCUPATION (Give kind of pneduring most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
Farmer	INDOSINI	maryland		america)
FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
William Hitesher	v	Lucy Sc	hairach	V
		17. INFORMAN	The state of the s	,
WAS DECEASED EVER IN U. S. ARMED FORC no or unknown) (If yes, give war or dates of servi	SECURITY NO.		10806	Pierce Drive
nknown		Mis. Burel N.	WKE 10300	
18. 42010	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC				
(This does not mean the mode of dying	g, e. g., (A) Use	me	***************************************	
heart failure, asthenia, etc. It means the injury or complication which caused	death.) DUE TO			
ANTECEDENT CAUSES	+	. , 4. 1	1 1.	
ANTECEDENT CAOSES	(B) arler	isocleratie he	ert disea	ee
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIS	GIVING			***************************************
UNDERLYING CONDITION LAST.				
	(C)		• • • • • • • • • • • • • • • • • • • •	***************************************
II TO THE TANK III			Harris The Wal	
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE				
TO THE DISEASE OR CONDITION CAUSE				
19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
				YES NO
	PLACE OF INJURY (e. g., in home, farm, factory, street, office hidg.,		f in Baltimore City	y, give exact location)
2 ME (Month) (Day) (Year) (Hour	215 INJURY OCCURR	D 21F. HOW DID INJURY	OCCUR?	
OHURY	WHILE AT NOT WHILE			
	m. WORK AT WORK	11 22 62 8	11 30	
22. I hereby certify that I attended	the deceased from 1	23, 1953 toxy	<i>cr.</i> 50 , 19	53, that I last saw the
deceased alive on Left. 30, 19			he causes and on	
23A. SIGNATURE	1	3B. ADDRESS	- 14/. 1	23c. DATE SIGNED
sugn on.	Grown M.D.	union overs		. 9/30/53
BORIAL, CREMA- 26B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, to	wn, or county) (State)
1942-93	Kithem &	m-	monde	ner pro.
TE RECEIVED BY REGISTRAR'S SIGN	MATURE	25 FUNERAL DIRECTOR	0.	ADDRESS
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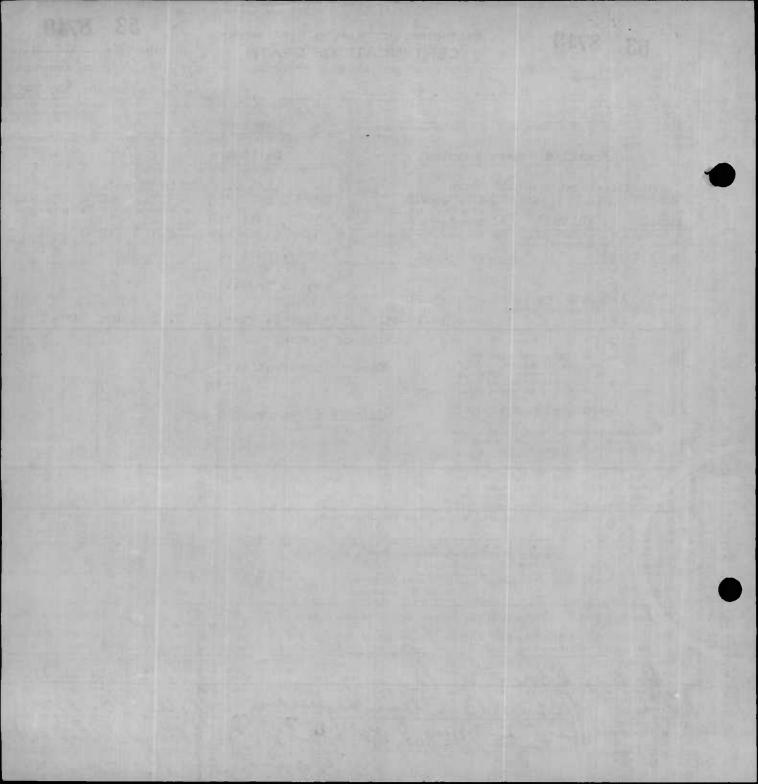


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

874.9

Registered No. 1. NAME OF DECEASED (Type or Print) 2. DATE DOROTHY RYAN DEATH September 30 G. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) A. STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Franklin Square Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 1426 W. Fayette Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years If Under 1 Year If Under 24 Hours Inst birthday) Months: Days | Hours Min. If Under 24 Hours White Female Married July 3, 1911 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Waitress Lunch Room Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary C. Truett 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yee, no or nuknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or nnknown) SECURITY NO. Walter E. Ryan, 35 S. Stricker Street 218-10-8545 No INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Chronic pancreatitis (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DURNIS ANTECEDENT CAUSES Calculi of pancreatic duct DISEASES OR CONDITIONS, IF ANY, GIVING ERTIFICATION RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X CA (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. EDI UTING [] CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK Autopsy thereon and from 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR PLEASE correct ag 24 OATE BURIAL CREMA-124C. NAME OF CEMETER 240. LOCATION (City, town, or OR CREMATO DATE RECEIVED BY LOCAL REGISTRAR mertinglow

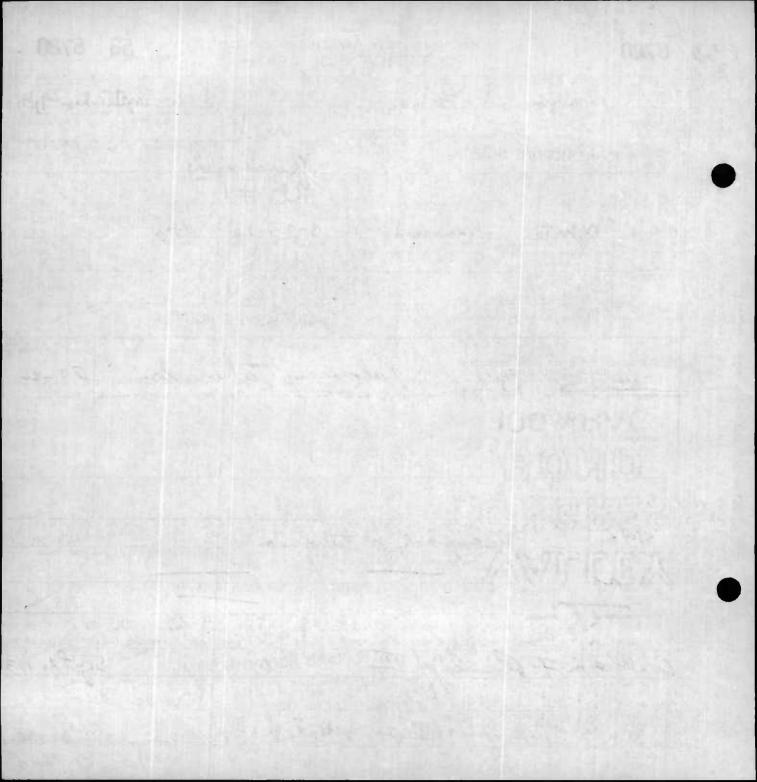


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Lowe Registered No. 8720 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO

	î. (T)	NAME OF Dope or Print)	ECEASED	1 2	Proses			2. DATE OF DEATH SOME	0.04. 7	9.196
		PLACE OF D Baltimore C		tal s		4. USUAL RESI	DENCE (W	here deceased live . I	institution: r before	esidence admission
	HC	FULL NAME DSPITAL OR STITUTION	OF (If not in hospit OHNS HOPKINS		on, give street address o location		VN (If	outside corporate limi	ts, write RUR.	Aleand giv township
	0	T17 C	1 7 71		Yrs. Mos.	V)+	RESS (lf r	ural, give location)	500	
a min		sex mule	6. COLOR OR RACE	WIDOW	Days , MARRIED. ED, DIVORGED (Specify	8. DATE OF BIR	TH -10	9. AGE (In years last birthday) M	H Under 1 Year on the Days H	Under 24 Hom Lours Min
	vork		CUPATION (Give kind of working life, even if retired	f 108. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE	kvil	le md	12. CITIZE	N OF COUNTRY
		. I A III LK 3 K	Unki	roun		14. MOTHERS	, 1	we		/
10 00			D EVER IN U. S. ARME (If yes, give war or dat		16. SOCIAL SECURITY NO.	JOHNS HO	PKINS H	HOSPITAT /	ADDRESS	7
and the same of th	RTIFICATION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, ctc. It me complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A	of dying, e. g. ans the discase caused death. SES IF ANY, GIVING TH	DUE TO	of DEATH	libe	ulsi	20	L BETWEE
	MEDICAL CERT	19A. DATE OF CONTRIED DEATH (NOT	7	RELATED TO G IT. 198. CONDITION OF THE C	THE TION FOR WHICH C	(e. g., in or 2 ic. WH ebidg., etc.) INJURY	CAUSE O PART I O ERE DID (OCCUR?	TION WAS RELATED F DEATH, ENTER R PART II If in Baltimore City URY OCCUR?	IN YES X	NO
To colocian		22. I hereb deceased a		1,1953.	WORK L AT WO	9-28, 19	13, to	he causes and on	3, that I la	ted abov
offect age	TIC	ATE RECEIVE	D BY REGISTRAF	1953 1953	AJ. MAME OF CEMET		24D. LG	otomae,	ADDRESS	(State)
5	-	TD 2014		and love	VYILLY LUADA	Was at the	(P.)	United.	Boll	relogi



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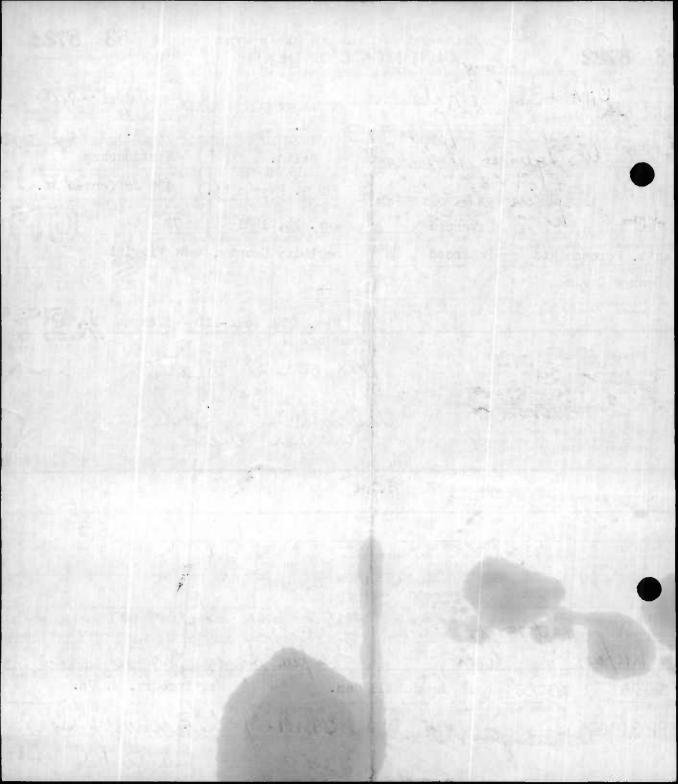
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8721 Registered No .-

BIRTH NO.						
1. NAME OF C (Type or Print)		Franc	is Mieschbe	rger	2. DATE OF DEATH SE	pt. 29,1953
	City, Maryland			A. STATE	DENCE (Where deceased liv B. COUNT	ed. If institution : residence
B. FULL NAME HOSPITAL OR INSTITUTION	1716 Brad		ion, give street address or location)	Md. c. CITY OR TOW Balti	16	imits Write GURAL and give township)
c. Length of	stay in Baltimore		16 - Yrs. Mos. Days		RESS (If rural, give location raddish Ave	
5. SEX Male	6.COLOR OR RACE	WIDOV	E, MARRIED. ZED, DIVORCED (Specify) Arried	Feb.28,1	last birthday	mars if Under 1 Year Hours 24 Hours Min.
10A. USUAL OC work done during most Bookkee	CCUPATION (Give kind of tof working life, even if retired) DOP	10B. KINI	O OF BUSINESS OR INDUSTRY	N.Y.	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME r Mieschber	ger		14. MOTHER'S N		
15. WAS DECEAS	(If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
heart fail injury or	es not mean the mode of ure, asthenia, etc. It men or complication which of antecedent CAUSES OR CONDITIONS, ITHE ABOVE CAUSE (A)	ns the disease caused death SES F ANY, GIVII STATING T	(B)		lmorhage	
TO THE	II GNIFICANT CONDITIONS DEATH BUT NOT DR CONDITION CAUSING	RELATED T				
19A. DATE	OF OPERATION 1	98. COND VAS PERFO			IF OPERATION WAS RELA CAUSE OF DEATH, ENT PART I OR PART II	TER IN YES NO K
OR CONTRI	DENT WAS UNDERLY IBUTING CAUSE OF OTHER MEDICAL EXAMINE	about	B. PLACE OF INJURY (bome, farm, factory, street, office	e.g., in or 21C. WH bldg.,etc.) INJURY	ERE DID (If in Baltimore OCCUR?	City, give exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI WHILE AT NOT WHI WORK AT WOR	LE	W DID INJURY OCCUR?	
22. I here	by certify that I at alive on 1/29	- Jan 1	and that death occur	rred at 4 a.	\mathfrak{Q} , to $\mathfrak{Q}/\mathfrak{P}$, \mathfrak{Q}	192, that I last saw the on the date stated above.
ANDIE CES	w di Ke	ter	M. D.	340PW	mela au	23c DATE SIGNED 29 (13), town, or county) (State)
Burial	(Specify) 248. DATE 10-1-1	.953	Woodlawn		Woodlawn	Md.
DATE RECEIV	ED BY REGISTRAR	S SIGNAT	William My	G. Howard	Strong 3207	W. North Ave.,

A STATE OF THE PARTY OF THE PAR 87 4 5 5791. 1.38 A PART TO THE REPORT OF THE PART OF THE PA

D-120	2	RAI	TIMORE CITY HE	EALTH DEPARTMENT	58	8722
3 No. 8722	+	lenry	CERTIFICATI		Registered No.	
NAME OF DECEAS	ARLF (1 5	AVIS		2. DATE OF DEATH SEATH	- 29,1953
Baltimore City, N			/	4. USUAL RESIDENCE (titution: residence before admission)
SPITAL OR	(If not in nospic	or institut	ion give street address or location)		W. Va. f oytside corporate limits, w Martinsbu	
6	Agua	14	Yrs. Mos.	D. STREET ADDRESS (If	ru)al, give location)	-
Length of stay in		7 CINCL	Days	12 S. Payson St	• /	
M	OF OR RACE	Divor		Apr. 24, 1881	last birthday) Month	et l Year II Under 24 Hours As Days Hours Min.
. USUAL OCCUPAT lone during most of working SS t. Forema	life, even if retired)	Railr	of Business or INDUSTRY	Berkeley County,		CITIZEN OF WHAT COUNTRY?
FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	
George Davi	is					
WAS DECEASED EVER	IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	ADD	RESSburg W. Va
no	m, give was or dates	or service)	SECURITY NO.	Mrs. Edna Bell-1	120 Jefferson S	t., Martins-
(This does not me heart failure, asthe injury or complice ANTEC DISEASES OR CORISE TO THE ABOUNDERLYING COTHER SIGNIFITRIBUTING TO THE	enia, etc. It mea cation which c CEDENT CAUS ONDITIONS, IF VE CAUSE (A) ONDITION LA	ns the diseas aused death ES FANY, GIVIN STATING TH ST.	(B)	worderstie ineular din	Cardio-	
TO THE DISEASE	OR CONDITION	CAUSING I	т			
19A. DATE OF OPE	RATION	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT W LYING OR CONT CAUSE OF DEATH	TRIBUTING		CE OF INJURY (e. g., id arm,factory,street,office bldg.,e		If in Baltimore City, give	exact location)
	(Day) (Year)	(Hour)	2 IE. INJURY OCCURRI	D 21F. HOW DID INJUR	Y OCCUR?	
OFURY		m.	WHILE AT WORK		1	
deceased alive on	11 0 1 100 3 0	ended the	deceased from A	red at L' 15 Pm., from t	the causes and on the	
23A. SIGNATURE (L	Kison	м. д.	The Ru Agua	1.1 A 1 N	DATE SIGNED
A. BURIAL, CREMA- N REMOVAL (Specify) Removal	9/30/53		Green Hill Co		artinsburg, W.	Va• (State)
TE RECEIVED BY CAL REGISTRAR	REGISTRAR'S	SIGNATU	VII5	25 FUNERAL DIMECTOR	Tickener!	DDRESS SOM
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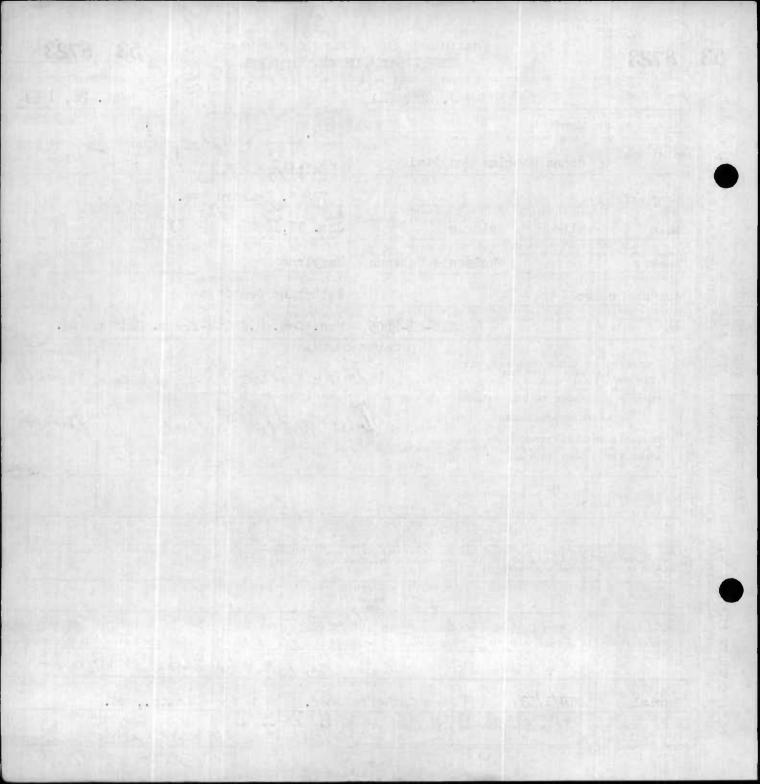
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

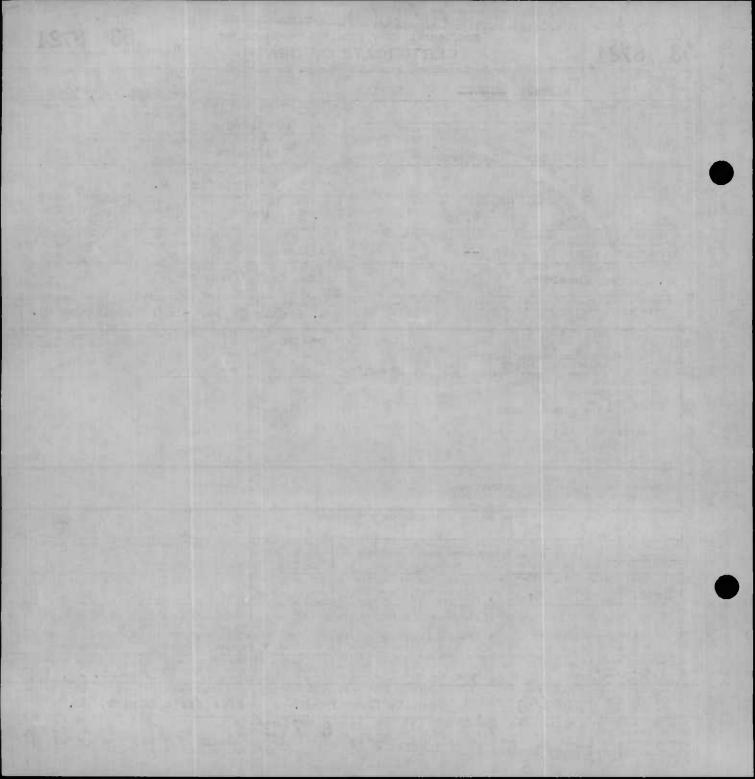
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Register 53 No. 8723

CERTIFICATI	E OF DEA	TH	Registe	ered No.		
EMORY J. CROMWELL			2. DATE OF DEATH	Sept.	28,	1953
	4. USUAL RES	DENCE (Where deceased li B. COUN			residence re admission)
or institution, give street address or location)	c. CITY OR TO	VN (1	f outside orporat	d limits, w	RUR	RAL and give
ins Hospital	Baltimor	20	1-			township)
Yrs. Mos. Days	722 N.	RESS (II	rural, give locate Ave.	ion)		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	Jan. 12,18	TH	9. AGE (In ye	ears H Unde ay) Months	Days	H Under 24 Hours Hours Min.
IOB. KIND OF BUSINESS OR	11. BIRTHPLAC	E (State or i	foreign country)	12.	CITIZE	N OF COUNTRY?
Wholesale Tobacco	Maryland				WHAT	COUNTRY
	14. MOTHER'S	MAIDEN N	IAME			
	Katherine	Jennir	ngs			
16. SOCIAL 1 SECURITION 216-01-4805	17. INFORMANT Mrs. Geo.		h-129 N.	Miltor		
CAUSE	OF DEATH					AL BETWEEN AND DEATH
dying, e.g., (A)	moelero	tue /x	Keart I	sean	3 n	rently
the disease, used death.) DUE TO						
s (8)	yocarde	al Fa	ulune		1/2	ally
ANY, GIVING						
(C)						
CONTRIBUTING LATED TO THE T.					J	
S. CONDITION FOR WHICH OF S PERFORMED	PERATION	CAUSE	ATION WAS RELA OF DEATH, EN OR PART II		20, AU	NO NO
G 218. PLACE OF INJURY (about home, farm, factory, street, office	e. g., in or bldg., etc.) 21C. WF INJURY	OCCUR?	(If in Baltimore	e City, giv	e exact	location)
Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE m. WORK AT WORE	E	W DID IN	JURY OCCUR?			6
nded the deceased from L	ug 2 10	53to 1	Cent. 26	1953+	hat I le	ast saw the
19_53 and that death occur	1 00	m. from	the causes and			
	38. ADDRESS		A			TE SIGNED
en M. D.	24/30		numan.	21 19	1/30/	53
24c. NAME OF CEMETE	RY OR CREMATO	RY 240.	LOCATION (City		county)	(State)
New Cathedra		1	Balto.			
SIGNATURE THE MAN MAN	250 UNERAL	2 64	la 19	1 ()	DDRESS	

Calto. 17, Md.





BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH TH NO NAME OF DECEASED pe or Print) PLACE OF DEATH: 4. USUAL RESIDENCE Baltimore City, Maryland ULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location) C. CITY OR TOWN unc Yrs. Mos. ength of stay in Baltimore Days SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF

married

The May Co.

10B. KIND OF BUSINESS OR

16. SOCIAL

SECURITY NO

HEALTH DEPARTMENT	53 Registered No	8725
2a	2. DATE OF DEATH Self	12853
4. USUAL RESIDENCE (WE	B. COUNTY	stitution : residence before admission)
(If o Be Ofices	utside corporate limis,	write RURAL and give township)
rs. D. STREET ADDRESS (If re	ural, give location)	ve.
seify) 8. DATE OF BIRTH	9. AGE (in years) #U	nder 1 Year ths: Days Hours Min.
TRY BIRTHPLACE (State of for	eign country)	2. CITIZEN OF WHAT COUNTRY!
14. MOTHER'S MAIDEN NAI		
o. 17. INFORMANT	A ADI	DRESS FOUL
Perebrel acc Typestennin	. Hent	
permonia		
PERATION		YES NO
g., in or 21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	ve exact location)
IRRED 21F, HOW DID INJURY	000	
curred at 5 pm., from the 238. ADDRESS	causes and on the	that I last saw the date stated above
mis Ceveral /	trapitel	seft 2855

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service)

. USUAL OCCUPATION (Give kind of

lone during most of working life, even if retired)

injury or complication which caused death.) ANTECEDENT CAUSES

DISEASE OR CONDITION DIRECTLY

Frank Kadan

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INDUSTRY

DUE TO (C) ..

(A) ..

DUE TO

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

CAUSE OF DEATH

NOT WHILE

WHILE ATT m. WORK

22. I hereby certify that I attended the deceased from deceased alive on self 18 , 19 2. and that death occurred at 23A. SIGNATURE 238. ADDRES

A. BURIAL, CREMA-N, REMOVAL (Specify) 248. DATE

24c. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

Belair Rd., Baltimore,

Burial TE RECEIVED BY CAL REGISTRAR

emale

Saleslady

FATHER'S NAME

REGISTRAR'S STONATURE tunling love

chimunek Funeral Home, Inc. 3601 3 5 Madison Street

Holy Redeemer Cemetery

-Vs 150

NOT A MEDICAL EXAMINER'S CASE

CHIEF OR ASST. MEDICAL EXAMINER

8726

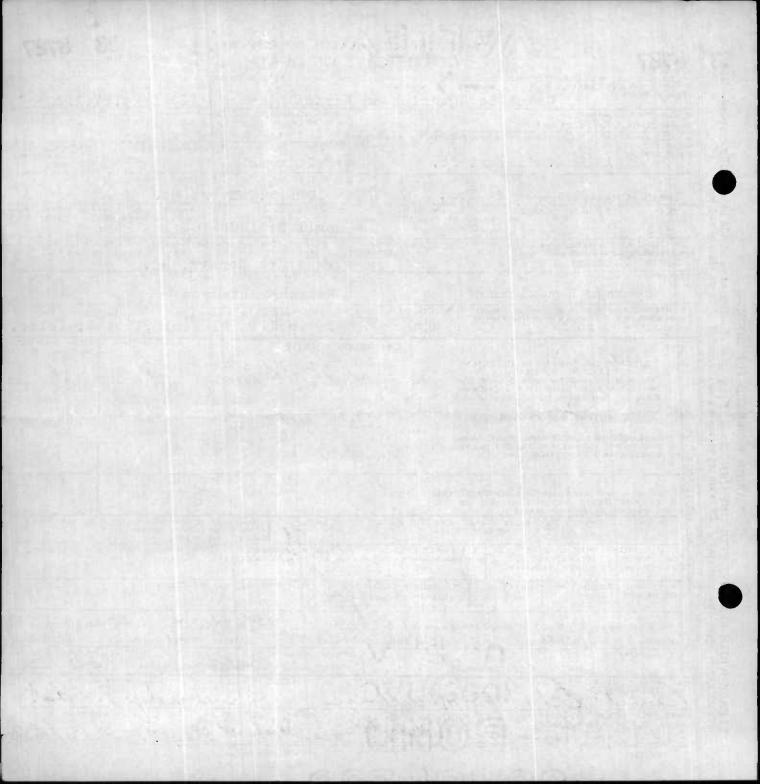
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 8726

RTH NO NAME OF DECEASED 2. DATE BARBARA FORSTER pe or Print) OF DEATH Sept. 29, 1953 PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence Baltimore City, Maryland 2901 Orleans St. A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or TULL NAME OF SPITAL OR location) C. CITY OR TOWN (If outside corporate limits) write RURAL and give township! Baltimore D. STREET AODRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore life 2901 Orleans St. Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min. WIDOWEO OIVORCEO (Specify female white widowed 1865 Sept. 23. A. USUAL OCCUPATION (Givekind of 108. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? nousewife at home Baltimore, Md. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Fichtner Mary Margaret Lichtstein WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Elizabeth Violi, dght, above INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH OISEASE OR CONDITION OIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. OATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ure YES 21A. ACCIDENT WAS UNDER-LYING CONTRIBUTING CAUSE OF DEATH 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, tem, factory, street, office bldg., etc.) INJURY OCCURT ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DIO_INJURY OCCUR? une WHILE AT WORK gree 1 , 1953 to Sept 29, 1953 that I last saw the 22. I hereby certify that I attended the deceased from_ deccased alive on 25 + 23, 1953, and that death occurred at 4 4 m., from the causes and on the date stated above. 23A, SIGNATURE 23c. DATE SIGNED 23B. AOORESS 9. 30.53 A. BURIAL, CREMA-N. REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY I Burial Oct. 2, 1953 Holy Redeemer Cem. Belair Rd. Baltimore. Md 25. FUNERAL OIRECTOR TE RECEIVED BY HEGISTHAR'S SIGNATURE ADDRESS CAL REGISTRAR Schimunek Runeral Home, Inc. VS 150

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	PLEAS	correct

	V-635		BALTIMORE CITY HE CERTIFICATE			3 8727
1 (7	NAME OF DECEAS		ilia Hendrickson I	Norton	2. DATE OF DEATH Sept.	
A	. PLACE OF DEATH: Baltimore City, I	Aaryland		4. USUAL RESI	DENCE (Where deceased lived, If in B. COUNTY	nstitution: residence before admission)
H	OSPITAL OR		al or institution, give street address or location) Lvert St.	c. CITY OR TOW Baltimo:		Trit RURAL and give township)
C C	. Length of stay in	Baltimore	45 Yrs. Mos. Days		RESS (If rural, give location) Calvert St.	
5		LOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WICOW	8. DATE OF BIR April 2,	TH 9. AGE (In years litt	Inder I Year It Under 24 Hours this Days Hours Min.
TI WOI	A. USUAL OCCUPATION OF LONG WORKING HOME Dutie	glife, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?
near u	3. FATHER'S NAME Ephraim	Hendrid	ckson	14. MOTHER'S N		Esta Evil
5 X	5. WAS DECEASED EVEL es, no or unknown) (If y n O	R IN U.S. ARMED	FORCEST LIG SOCIAL	17. INFORMANT		DDRESS 5 W. Balto.
CERTIFICATION CERTIFICATION	DISEASES OR C RISE TO THE ABO UNDERLYING O	enia, etc. It mea cation which c CEDENT CAUS ONDITIONS, II DVE CAUSE (A) CONDITION LA	ns the disease, aused death.) DUE TO SES (B) FANY, GIVING STATING THE DUE TO ST. (C) CONTRIBUTING	ens Sch	uc_	(E)
CEF	DISEASE OR CONI	RATION 1	RELATED TO THE IT. BB. CONDITION FOR WHICH OF VAS PERFORMED	ERATION	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN	
MEDICAL	21A. ACCIDENT W OR CONTRIBUTING DEATH (NOTIFY ME	AS UNDERLYI	NG 21B. PLACE OF INJURY (about home, farm, factory, street, office)	e. g., la or 2 tc. WH bldg., etc.) INJURY	PART I OR PART II ERE DID (If in Baltimore City, 1	YES NO L
>	21D. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE M. WORK AT WORK	E	W DID INJURY OCCUR?	(
T. 00	22. I hereby cert deceased alive or 23A. SIGNATURE 24A. BORIAL, CREMA OX. REMOVAL (Specify)		, 1953, and that death occur	38. ADDRESS	n., from the causes and on th Bahlmore S.	23c. DATE SIGNED 9/28/53
Correct	OCAL REGISTRAR VS 150	REGISTRAR	THE STATE OF THE STATE OF THE ASSETS	25. FUNERAL	Exector 19181	ADDRESS W. Balls. St



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED pe or Print) LLE BMAN OF ATHERINE DEATH PLACE OF DEATH Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR C. CITY OR TOWN STITUTION SOUTH BALTIMORE GEN. HUSPITAL BALTIMORE Mos.

7. SINGLE, MARRIED

MARRIGO

108, KIND OF BUSINESS OR

16. SOCIAL

SECURITY NO.

Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) LEEDS AVE. 9. AGE (In years | H Under | Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? MARY LAND 14. MOTHER'S MAIDEN NAME INTERVAL BETWEEN

18. 420.0 ana DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g.,

SO FFAM WAS DECEASED EVER IN U. S. ARMED FORCES?

of stay in Baltimore

A. USUAL OCCUPATION (Give kind of)

done during most of working life, even if retired)

WHITE

FEMALE

JOHN

FATHER'S NAME

6. COLOR OR RACE

heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

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198. MAJOR FINDINGS OF OPERATION

ONSET AND DEATH

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

19A. DATE OF OPERATION

about home, farm, factory, street, office bldg., etc.)

218. PLACE OF INJURY (e. g., in or

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

210. TIME (Month) (Day) (Year) (Hour) JURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

24B DATE

NOT WHILE

22. I hereby certify that I attended the deceased from 9-27

19 , that I last saw the 19.33. and that death occurred at Z: 404m., from the causes and on the date stated above.

deceased alive on_ 23c. DATE SIGNED

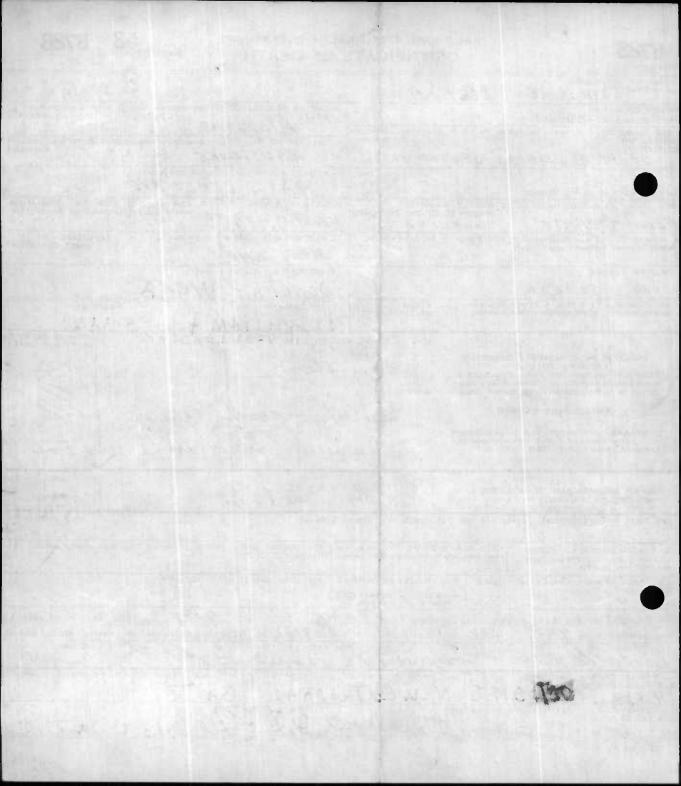
24c. NAME OF CEMETERY OR CREMATORY

240. LOCATION (City, town, or county)

ADDRESS

TE RECEIVED BY CAL REGISTRAR

A. BURIAL, CREMA-



The

DAB-1742762

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8729

BIRTH NO	9	CERTI	FICAT	E OF DEA	TH	Registered ?	No.
1. NAME OF (Type or Print)	DECEASED	John Byrnes	(John	C.Byrnes)		OF 9-29-	-1953
3. PLACE OF D	City, Maryland			4. USUAL RES	IDENCE (Whe	re deceased lived. If	institution : residence before admission
B. FULL NAME HOSPITAL OR	OF (If not in hospi Baltimore Cit; 4940 Eastern		et address or location)	C. CITY OR TO	ryland NN (If ou ltimore	tside corporate limi	t, write HURAL and g townsh
c. Length of	stay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADD 1403 N		al, give location) ton St. 20	one 13
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED WIDOWED, DIVORO Widowed	CED (Specify)	Nov. 23-18		AGE (In years Mast birthday)	if Under 1 Year M Under 24 He Hours Mi
10A. USUAL OC work done during most Retire	CCUPATION (Give kind of t of working life, even if retired d	Unknown	ESS OR INDUSTRY	11. BIRTHPLAC		gn country)	12. CITIZEN OF U.S.A.
13. FATHER'S Unkno				14. MOTHER'S Unkno		E	
15. WAS DECEAS (Yes, no or unknown Yes	(If yes, give war or dat 1886-1889/]	es of service) SECUI	RITY NO.	17. INFORMATS	altimore 4940 Eas	City Hospi tern Ave.	tales s
118. 54	0.0		CAUSE	OF DEATH			INTERVAL BETWE
Z DISEASE RISE TO	ure, asthenia, etc. It mes complication which ANTECEDENT CAU ES OR CONDITIONS, THE ABOVE CAUSE (A), YING CONDITION L.	caused death.) DUE TO SES (B). FANY, GIVING STATING THE DUE TO AST.					
III TO THE	II GNIFICANT CONOITIONS DEATH BUT NOT OR CONOITION CAUSIN	RELATED TO THE					
19A. DATE	OF OPERATION	19B. CONDITION FOR WAS PERFORMED	WHICH OF		PART I OR		IN YES NO
O OR CONTRI	BUTING CAUSE O	F about home, form, facto	INJURY (pry, atreet, office	e.g., in or 21C. Wholdg.,etc.) INJURY	HERE DID (If	in Baltimore City	, give exact location)
210 TIME OF INJURY	(Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK	OCCURRI NOT WHIL AT WOR	LE	וטנאו מום W	RY OCCUR1	
		tended the deceased j	10110	19	53, to 9-2	9 - , 195	3, that I last saw t
23A. SIGNA	1 / /	in by	2	38. ADDRESS Die Eastern			23c. DATE SIGNE
24A. BURIAL. TION REMOVAL (Burial	Specify) 24B DATE	D-2+4		onal 8	0	ATION (City, town	
DATE RECEIVE LOCAL REGIS		S SIGNA WHE	A. My	Georgery.	Ruth Inc.	-1735 Harf	ord Avenue
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· source all	of \$201-091(V	
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	Extra district	

BALTIMORE CITY HEALTH DEPARTMENT 53 8730 Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE ne or Print) Daisy A. Brooks. PLACE OF DEATH:

53 8730

DEATH Sept 29,1953
4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) Baltimore City, Maryland IIII NAME OF (If not in bospital or institution, give street address or Maryland. SPITAL OR location) (If outside corporate limits, write RURAL and give TITUTION 1420 Dellwood Ave. Baltimore Vrs. p. STREET ADDRESS (If rural, give location) Mor of stay in Baltimore Life 1420 Dellwood Ave. Davs AGE (in years | Monder | Worder 24 Hours | Months | Days | Hours | Min. L If Hoder 24 Hours SEX 6 COLOR OR RACE 7 SINGLE MARRIED 9 AGE (in years) WIDOWED DIVORCED (Specify) Feb 20, 1906 47 White Married . USUAL OCCUPATION (Give kind of) 12 CITIZEN OF 10B. KIND OF BUSINESS OR WHAT COUNTRY? lone during most of working life even if retired) INDUSTRY Jousewife Maryland 14. MOTHER'S MAIDEN NAME FATHER'S NAME Harvey Shaffer. Estella Baker. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS no or unknown) (If yes, give war or dates of service) SECURITY NO. Sherman L. Brooks 1420 Dellwood CAUSE OF DEATH 443x ana ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... utes Grallitus OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? URY NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from 2-20 -, 1953 to 9-29, 1953 that I last saw the deceased alive on 9 - 19 . 19 and that death occurred at 1A m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE A. BURIAL CREMA- 24B. DATE N. REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Windson Mill Rd Md Burial Lorraine Park 25. FUNERAL DIRECTO TE RECEIVED BY REGISTRAR'S SIGNATURE CAL REGISTRAR

Sept. 28. department of the land . Maley N. Brooks. Letter to . . www.hoove.inc. opas. CHARLE COLLEGE COLL 500 -0001, 75 das Sheering did to the wint of the later of the

8731

BALTIMORE CITY HEALTH DEPARTMENT 8731 Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE pe or Print) William S. Sykes. Sept 29,1953 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence PLACE OF DEATH: A. STATE B. COUNTY before admission) Baltimore City, Maryland c. CITY OR TOWN (If ULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location) (If outside corporate limits, write RURAL and give STITUTION 4110 Falls Road. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Leng of stay in Baltimore Life 4110 Falls Road. Days I If Under 24 Hours SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | | Under | Year | | Under 24 Hours | last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) Oct 16,1878 Widower White ale 11. BIRTHPLACE (State or foreign country) . USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? etired Gardner Crosse Blackwell Maryland FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown. Unknown. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) no or unknown) SECURITY NO. Walter C.Wilhelm. 4110 Falls Road. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ral hemourge. LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH BUT NOT BELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED URY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 6 -19 , 19) that I last saw the 19 and that death occurred at 12.05., from the causes and on the date stated above. deceased alive on 238 ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 240. LOCATION (City, town, or county) A. BURTAL, CREMA-N, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 248. DATE New Market Burial Balto Co.Md. Oct

25. FUNERAL DIRECTOR

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REGISTRAR'S SIGNATURE

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CAL REGISTRAR

Seel, 92 tuel CHANGE OF BURNEY . Lines of the City . molf actor City Osbilo 1578 1574 Tewopi, etimin Das Drivit Howevers, wasers - seminal bears -Unknowite. then stind offermedite or redict 30.87 defini was 5501 tol . DV GT clist

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) HELEN COZIK Η. DEATH September 25, 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) A. STATE Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corpo RAL and give INSTITUTION township) Baltimore City Morgue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 508 W. Baltimore Street c. Length of stay in Baltimore Days information should be c 5. SEX 6. COLOR OR RACE 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours Min. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Female White MAHNIFD 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? GOTON MASSACHUSETT 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME menon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknowe) SECURITY NO HIAM NELSON CAUSE OF DEATH ONSET AND DEATH Every item DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Chronic alcoholism (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUEXTE ANTECEDENT CAUSES Fatty liver CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) RTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION U 20. AUTOPSY 19A. DATE OF OPERATION YES X (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING [] OR CONTRIB. n UTING T CAUSE OF DEATH. 2 IF. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT AT WORK WORK L Partial Autopsy PLEASE WRITE PLA 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23B. CHIEF MEDICAL EXAMINER 23A. SIGNATURE 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. Sept. MEDICAL INVESTIGATOR 240 NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURTAL, CREMA-TION, REMOVAL (Specify) 24B, DATE DATE RECEIVED BY REGISTRAR'S SIGNARUE LOCAL REGISTRAR VS 151 js

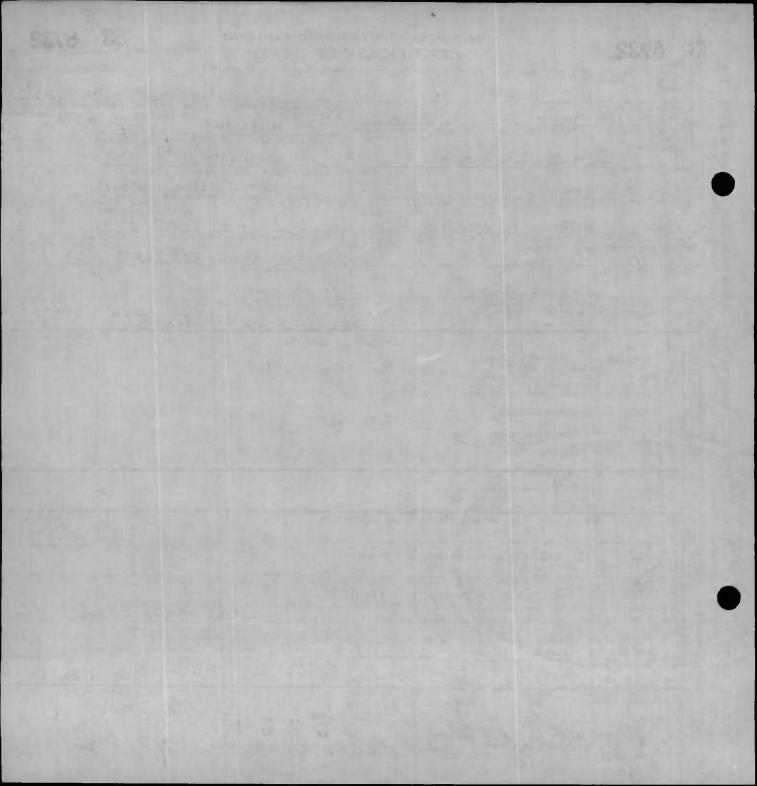
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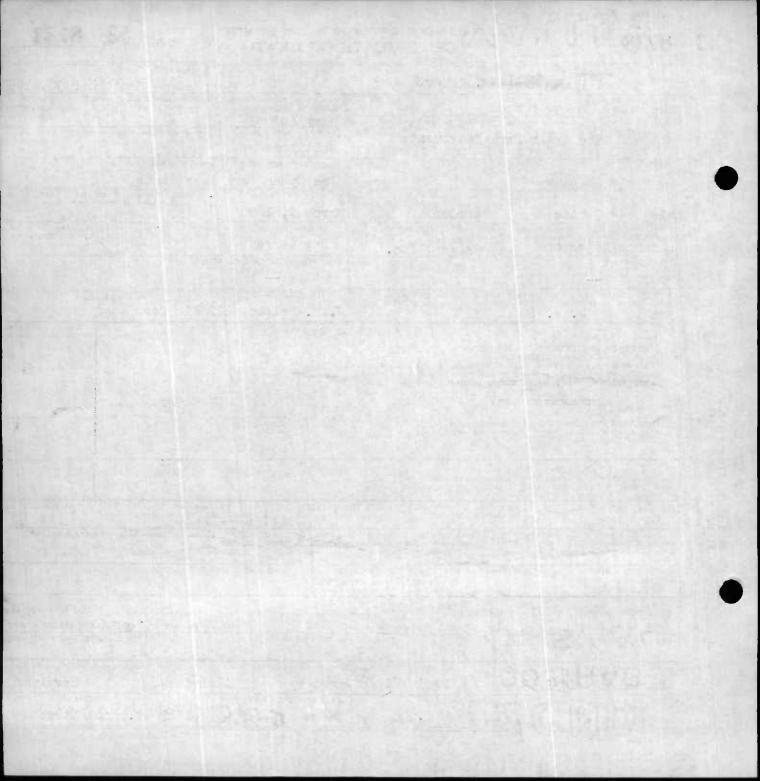


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BIRTH	NO		

BALTIMORE CITY HEALTH DEPARTMENT

52	PM20
Registered No_	0/33

(Ту				CERTIFICAT	E OF DEA	ATH Registere	d No.
3. P	pe or Print)	CEASED	les E	gbert		2. DATE OF DEATH SE	ptember 30, 195
A F	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RES	SIDENCE (Where deceased lived B. COUNTY	. Is institution: residence before admission	
B. F HOS	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR NSTITUTION The Wyman Park Apartments			Maryland c. city or to Baltimor		mits, write RURAL and giv township	
c I	ength of sta	y in Baltimore		Yrs. Mos. Days	The Wyma	DRESS (If rural, give location) n Park Apartments	
5. 8		white		MARRIED.	8. DATE OF BI	RTH 9. AGE (In years	M Under 1 Year M Under 24 Hours Months Days Hours Min.
ork d		UPATION (Give kind of working life, even if retired)	Insura Adjust			CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NA	AME			14. MOTHER'S	MAIDEN NAME	
(Yes.	WAS DECEASED no or unknown)	EVER IN U. S. ARMEE (If yee, give war or date: W. W. T	FORCES? s of service)	16. SOCIAL SECURITY NO.	J. P. Sel	don, 222 Richwood	ADDRESS Road
ERTIFICATION	(This does theart failure injury or conjury	LEADING TO DEAT not mean the mode of a sthenia, etc. It mean the mode of a sthenia, etc. It mean the mode of a sthenia, etc. It mean the complication which of the complication which of the conditions is a state of the condition of the complete of the conditions of	of dying, e. g. ns the diseas- caused death SES F ANY, GIVIN STATING TH ST. CONTRIBL RELATED TO	(B)	l l	3 and G	9747
0 -	19A. DATE OF			TION FOR WHICH O	PERATION	IF OPERATION WAS RELATE CAUSE OF DEATH, ENTER PART I OR PART II	
0 0	21A. ACCIDENT WAS UNDERLYING 21S. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?						
	21D. TIME (MOF INJURY	Ionth) (Day) (Year)	(Hour) 2	21E. INJURY OCCURR WHILE AT NOT WHI WORK AT NOT		OW DID INJURY OCCUR?	
		ve on coppe	4.1953.	deceased from sand that death occu	rred at 17	m., from the causes and o	23c. DATE SIGNED
24/	N. REMOVAL (Sp	1.0	//		Cemetery	Pikesville,	Maryland



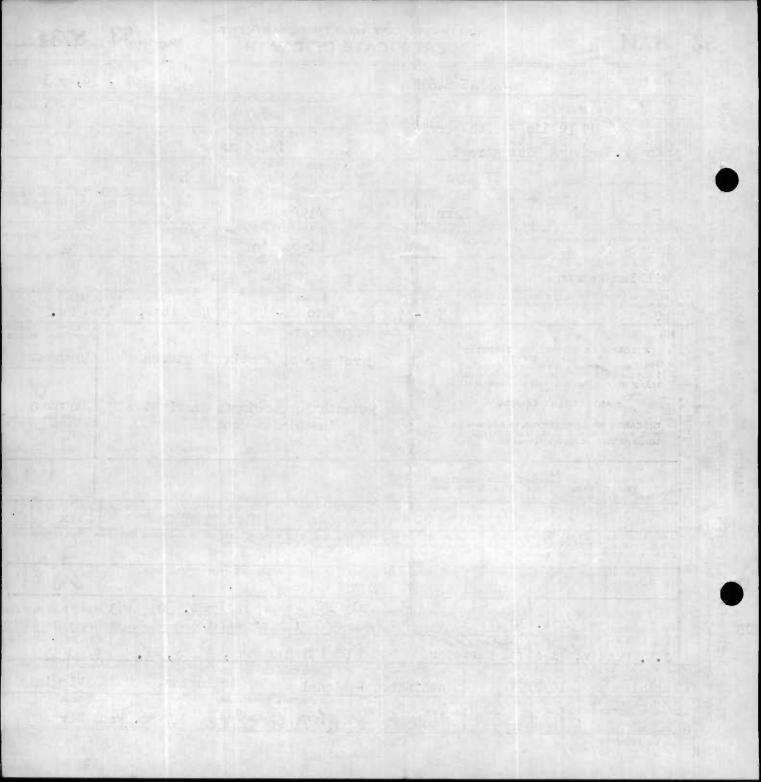
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	3	8734
registered	140,	

BIRTH N	0.		CERTIFICATI	E OF DEAT	The state of the s	
	OF DECEASED	EVA MAY	EASON		DEATH	t. 30,1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF US (Projet Association) institution, give street address or HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL			A. STATE Mary		f institution: residence before admission) its, write RURAL and give township)	
Wyman	Pk. Drive & 31s	t Street	Yrs.	D. STREET ADDRE	idena Ess (If rural, give location)	
	h of stay in Baltimore	77 day	Days		thy Beach	5,5.00
5. SEX	6. COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specify) ITTIED	3/19/95	last birthday) M 58	H Under 1 Year I Under 24 Hours Onths Days Hours Min.
work done dur	AL OCCUPATION (Give kind of ing most of working life, even if retired) Sewife	108. KIND	OF BUSINESS OR INDUSTRY	Wisconsin	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
11	er's NAME liam Watson			14. MOTHER'S MA Martha		
15. WAS I	DECEASED EVER IN U. S. ARME intrown) (If yes, give war or date	D FORCES? es of service)	16. SOCIAL SECURITY NO. Yes-?	17. INFORMANT Records- US	5 PHS Hospital, B	alto, Md.
Z DIS	DISEASE OR CONDITION LEADING TO DEA nis does not mean the mode out failure, asthenia, etc. It mea ury or complication which ANTECEDENT CAU SEASES OR CONDITIONS, E TO THE ABOVE CAUSE (A) IDERLYING CONDITION L	TH of dying, e. g ans the disease caused death. SES	Car Due to Met		rvix of uterus inoma in right bone	Unknown Unknown
U DIS	THE DEATH BUT NOT EASE OR CONDITION CAUSIN ATE OF OPERATION	RELATED TO	TION FOR WHICH OF		F OPERATION WAS RELATED CAUSE OF DEATH. ENTER	IN GR T
WAS PERFORMED PART I OR PART II YES NO 1 OR CONTRIBUTING CAUSE OF About home, farm, factory, street, office bldg., etc.) DEATH (NDTIFY MEDICAL EXAMINER)						
21D. T OF IN	IME (Month) (Day) (Year JURY) (Hour) 2	WHILE AT NOT WHI WORK AT WOR	LE	DID INJURY OCCUR?	
dece	hereby certify that I at used alive on Sept. 3	funte	and that death occur	rred at 0:55 mi	3 to Sept. 30, 195	the date stated above.
	RIAL, CREMA- 248. DATE OVAL (Specify)	al Direc	otor M.D. 24c. NAME OF CEMETE Arlington Na	RYOKKKANATOKX	tal, Balto, Md. K24D. LOCATION (City, tow Arlington,	1 9/30/53 n, or county) (State) Virginia
DATE RE	//>	Tove		25. FUNERAL DIF	RECTOR	ADDRESS Paul Street
JUI VS	15033	0				



BINDING

FOR

RESERVED

See query reply in Document file.

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87	36	

RAUSCHER

BALTIMORE CITY HEALTH DEPARTMENT

53	8736
Registered No.	

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH OF D	30,1953
3. PLACE OF DEATH: A. Baltimore City, Maryland 1543 Allah Residence (Where deceased Med. 1/ Institution B. COUNTY B. COUNTY B.	on residence efore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside comporate is its, will be a composite or composite in the composite of the comp	RAL and give
INSTITUTION	township)
Yrs. D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore 6 Mos. 1543 Allreagle Rd	
Male White 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) Nov. 18, 1877 (ast birthday) Months: Da	
10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CIT	IZEN OF
13. FATHER'S NAME RULLOCKEE. 14. MOTHER'S MAIDEN NAME F	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mo Lillian hill 3040 The	610 18
The state of the s	RVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES Julyanis AIS (VSis)	
DISEASES OR CONDITIONS, IF ANY, GIVING	***********
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	ict location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from North 1952, to Sept. 30, 1953, that	I last saw the
deccased The on Aght. 3 19 3, and that death occurred at 6. 3 4 m., from the causes and on the date	stated above.
Lules a and M.D. 6201 York Fel 9%.	30/53
24A. BURIAL. CREMA- 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or count tion removal (Specify) Ott 3/1953 Broblem	my (State)
DATE RECEIVED BY RECIETAR'S SIGNATURE APPRIL DIRECTOR APPRIL DOCAL REGISTRAR OCT 1 WILLIAM PROPERTY OF THE PRO	elless
VS 150	



BALTIMORE CITY HEALTH DEPARTMENT

Registered 33_	8737
registered Ivo.	

Monroe St.

	0101			CERTIFICATI	E OF DEA	TH	Registeren	10.
BI	RTH NO.							
I. (T:	NAME OF DE	CEASED	James 1	Murray				8/1953
	PLACE OF DE	ATH: ty, Maryland			A COMP A NOTE		ere deceased lived, If B. COUNTY	f institution: residence
	FULL NAME C	0 /	ital or institu	tion, give street address or	Mai	ryland	1 -	cll
HC	SPITAL OR	312 E. 20		location)	c, CITY OR TO	wn (If or timore	atside corporate lim	ts we to RURAL and giv township
U				Yrs. Mos.		- '	ral, give location)	
		ay in Baltimore		Days		20½ St		
5.	M M	Colored	7. SINGL WIDOV Mar	E, MARRIED. NED, DIVORCED (Specify) Pied	8. DATE OF BIE		9. AGE (In years last hirthday)	if Under 1 Year It Under 24 Hours on the Days Hours Min
10 work	A. USUAL OCC. done during most of	UPATION (Give kind working life, even if retire	Con	of Business or Struction	11. BIRTHPLAC	E (State or fore		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S N				14. MOTHER'S			
	er ibize	David Mu	rray				Unknown	
15 (Yes	. WAS DECEASED	O EVER IN U.S. ARM	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT LUCY MI		002 Guilf	ord Ave.
RTIFICATION	(This does heart failur injury or of the control of	E OR CONDITION LEADING TO DE. not mean the mode e, asthenia, etc. It me complication which ANTECEDENT CAU OR CONDITIONS, E ABOVE CAUSE (A ING CONDITION I	ATH of dying, e. ans the disea caused deat USES IF ANY, GIVI) STATING T AST.	g., (A)	elco. V	erculosi	s Heres	24.
FR	TO THE	DEATH BUT NOT	RELATED T					
AL CI		OPERATION		ITION FOR WHICH OF	PERATION		ON WAS RELATED TO DEATH, ENTER	
EDIC	OR CONTRIB	NT WAS UNDERLY UTING CAUSE OF MEDICAL EXAMIN)F about	B. PLACE OF INJURY (thome, farm, factory, street, office	e. g., in or bldg., etc.) 21C. Wh	HERE DID (II		, give exact location)
M	210. TIME ()	fonth) (Day) (Yea	r) (Hour) m.	21E. INJURY OCCURRING WHILE AT WORK NOT WHI	LE	טנאו סוס Wo	RY OCCUR?	
	22. I hereby	certify that I a	ttended the	/		52, to 9	194	
			1, 19	and that death ochu		m., from the	e causes and on t	the date stated abov
	23A. SIGNAT	are (200	celon M.O.	30 1- 8			De Signet
24 TI	A. BURIAL, C	REMA- 24B. DATE Decify)	0	24C. NAME OF CEMETE	RY OR CREMATO	RY 240. LO	CATION (City, town	n, or county) (State
	Buria		/1953	Baltimore	National	Ba	ltimore.	Md.
	CT 1 - 10	145	alow /		25. HONERALL	DIBECTOR	hillips 1	ADDRESS

PLEASE WRITE PLACY, WITH correct age is especially important.

VS 150

UNFADING INK. Every item of information should be cally supplied. Physicians: please write the causes of death clearly and leging.

MARGIN RESERVED FOR BINDING

See correspondence in TB Bureau file BCHD.

also was patient in the Veterans Admn. Hospital at Fort Howard, Md.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH TH NO NAME OF DECEASED 2. DATE pe or Print) OF DEATH LACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, It institution: residence Baltimore City, Maryland STATE B. COUNTY (If not in hospital or institution, give street address or ULL NAME OF SPITAL OR location)

before admission) outside corporate limits, write RURAL and give Yrs. Mos. ength of stay in Baltimore Days 6-COLOR OR RACE 7. SINGLE, MARRIED, WIDDWED, DIVORCED (Specify) AGE (In years If Under 1 Year last birthday) Months Days Hours Min OCCUPATION (Give kind of) BUSINESS OR during most of working life, even if retired) EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOZIAL SECURITY NO 6-05-6863 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 22. I hereby certify that I attended the deceased from.

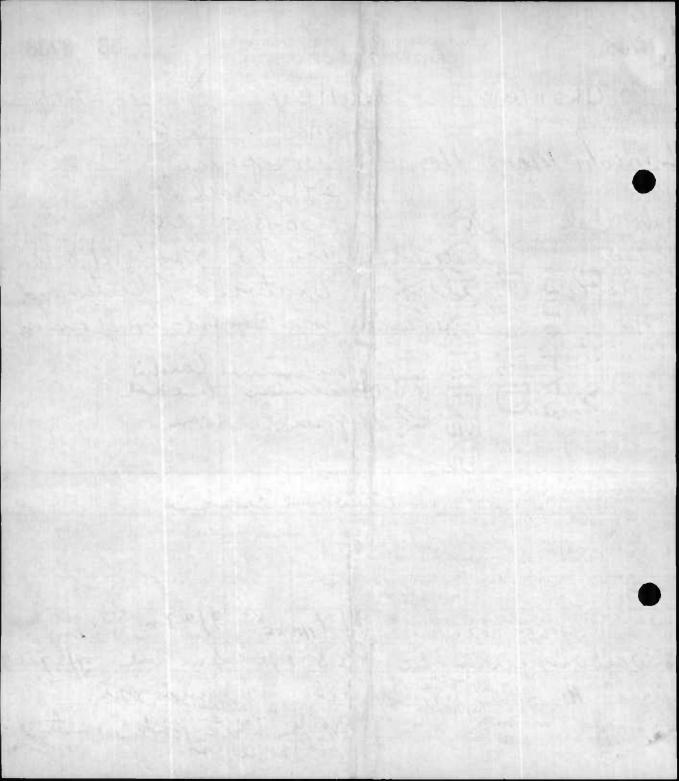
VS 1913 and that death occurred at 1.8 deceased alive on from the causes and on the date stated above. 23B. ADDRESS

23c. DATE SIGNED

ADDRESS

VS 150

E RECEIVED BY

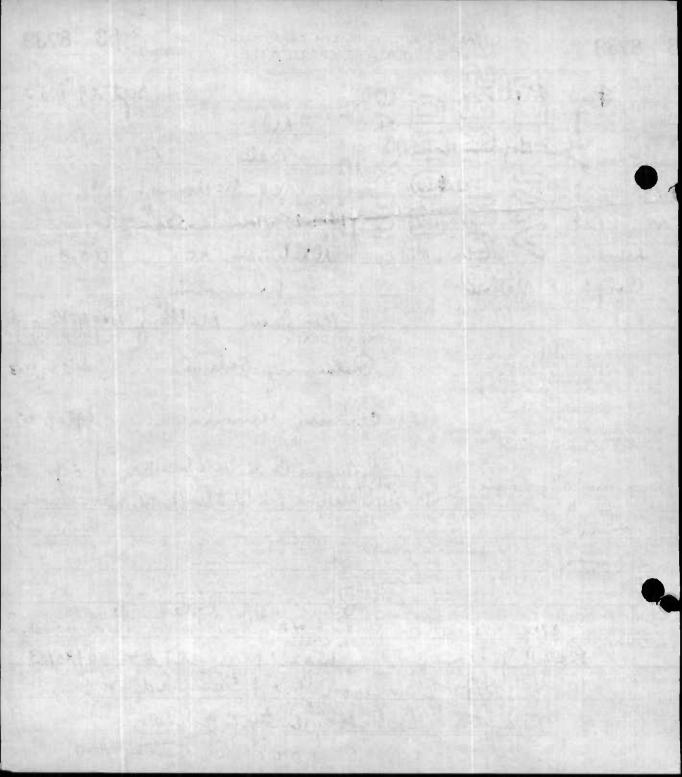


M-460 3 8739 TH NO. NAME OF DECEASED pe or Print)

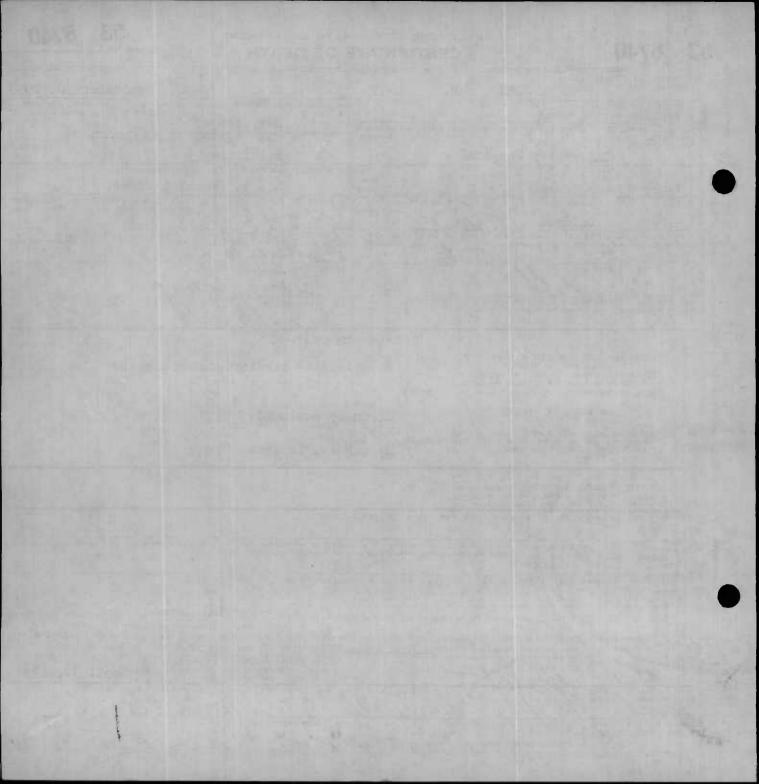
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8739

ame of deceased or Print) 4. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		OF DEATH	-19 th 3
ACE OF DEATH: altimore City, Maryland	4. USUAL RESIDENCE (W		nstitution : residence before admission)
LL NAME OF (If not in hospital or institution, give street address or location)	c, CITY OR TOWN (If	outside commute limit	write CURAL and give
edut Rome The Hopkins Italia	Balto.	1-6	township
Yrs. Mos.	A .	rural, give location)	
angur of stay in Baltimore Days Days Days Days	8. DATE OF BIRTH	9. AGE (In your	Under I Year If Under 24 Hours aths Days Hours Min.
Manuel (Specify)	Hee 25, 900	52	9
USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
ATHER'S NAME	14. MOTHER'S MAIDEN NA	AME I	45.A.
Dolphus Mallow	Whiten	num!	
(AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	An any lings Al	DDRESS
B. 1/20.1 and 2607 CAUSE	OF DEATH	recons 16	NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	2 1.1		ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	turny dea	Luy	mp 29,93
ANTECEDENT CAUSES	Acalon		LATER 145
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
مرابط ري	Tenzin Cardio Va	senten Alraca	240
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ankler Late Cater	Lus (treated) as	Tem Allensia
9A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
1A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e. g., in 100 of 100		f in Baltimore City, g	
FOR THE (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING WHILE AT NOT WHILE	21F. HOW DID INJURY	Y OCCUR?	
m. WORK AT WORK	July 1957, to	29 195	, that I last saw th
leceased alive on9114, 1953_, and that death occur	red at 4 A.m., from t		ne date stated above
3A. SIGNATURE RALLY 9. U. M. D.	3B. ADDRESS	TAT	23c. DATE SIGNED
		OCATION (City, town,	or courty) (State)
E RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNDRAL PRECTOR	inford	n C.
AL REGISTRAR	My Colory D	Wilson	
vs 150	1000	and the	AU
	1000		L V V



5 - 5 30 3 8740 BIRTH NO.	BALTIMORE CITY HE CERTIFICATE		53 Registered No	8740
1. NAME OF DECEASED (Type or Print) JOHN 3. PLACE OF DEATH:	H. SMITH	4. USUAL RESIDENCE (W	2. DATE OF DEATH September	
A. Baltimore City, Maryland	institution, give street address or location)	A. STATE Maryland	B. COUNTY	before admission)
c. Length of stay in Baltimore	Yrs. Mos. Days		ranklin Street	
Male Colored 9	SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years last birthday) Months	Days Hours Min.
work done thring most of working life, even if retired)	is KIND OF BUSINESS OR INDUSTRY	Morticello 14. MOTHER'S MAIDEN NA	Ha 2	WHAT COUNTRY
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, not unknown) (If yes, give war or dates of a	RCES? 16. SOCIAL SECURITY NO.	17. MEORMANY	ADDRE	ess 640 X
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dynamical description of the condition of the condi	RECTLY ying, e.g., the disease, ed death.) OKTA Corons (B) Myocal (C) ONS CON-	tensive cardiovas ary occlusion rdial infarct		ONSET AND DEATH
TO THE DISEASE OR CONDITION CA		ATION		20. AUTOPSY?
	21B. PLACE OF INJURY (e. g., in out home, farm, factory, atreet, office bldg., et		f in Baltimore City, give e	
Z 1D. TIME (Month) (Day) (Year) (Ho	Dur) 21E. INJURY OCCURRE WHILE AT NOT WHILE MORK AT WORK	D 21F. HOW DID INJURY	OCCUR?	
the evidence obtained by sai and death in my opinion res 23A. SIGNATURE 24A. BURIAL GREMA- TION REMOVAL (Specify) 24A. BURIAL GREMA- TION REMOVAL (Specify)	of the remains described a did Autopsy, Inspection or I sulted from: natural causes	Autopsy, and that said de	Inspection or Inquiry ceased died on the de . homicide, undet EXAMINER	ATE SIGNED 30, 1953 Juntary (State)
DATE RECEIVED BY REGISTRAR'S S LOCAL REGISTRAR	- 441 Mg . 30	25 FUNTRAL DIRECTOR	liams Sch	medul St



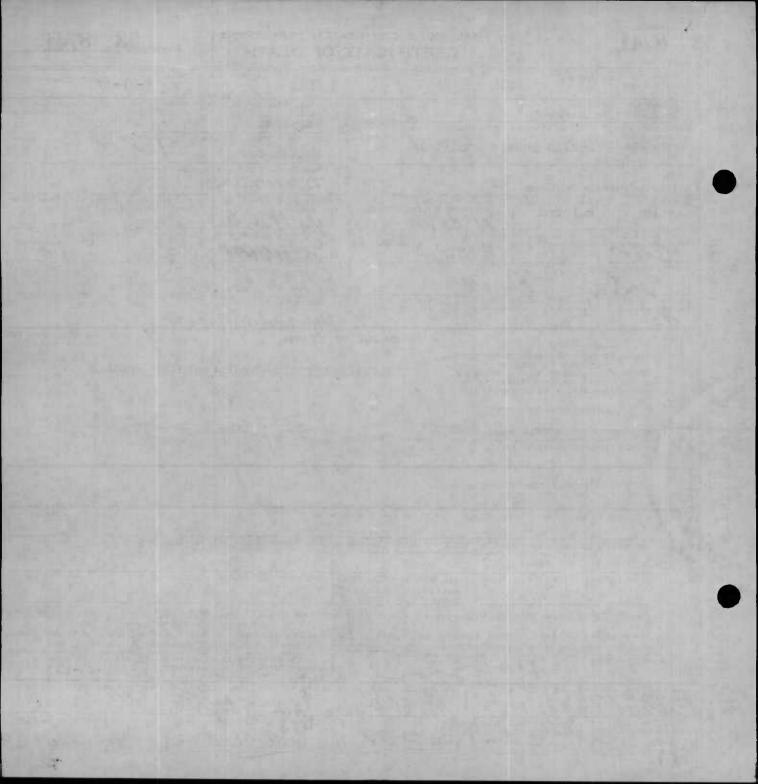
BALTIMORE CITY HEALTH DEPARTMENT

QMA4

BIRTH NO.	CERT	TIFICATE	OF DEATH	Registered	No. 0/41
1. NAME OF DECEASED (Type or Print)	SAMUEL 8	1	THOMAS	2. DATE OF 9-27	7-53
a. Baltimore City, Man		Α	. USUAL RESIDENCE (STATE Maryland	Where deceased lived. B. COUNTY	If institution : residence before admission
HOSPITAL OR	not in hospital or institution, give s Lin Square Hospital	location)		If outside corp rate in	its, write RUR L and gi
c. Length of stay in Ba	ltimore	Yrs. Mos. Days	2356 McCullor		Culloh
	ored 7. SINGLE, MARRI	IED. ORCED (Specify)	DATE OF BIRTH	9. AGE (In years last birthday)	ff Under 1 Year H Under 24 Hours Min
10A. USUAL OCCUPATION work done during most of working life		INDUSTRY	1. BIRTHPULE (State or	le Ky.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Thomas		Mary Low	is tous	
15. WAS DECEASED EVER IN (Yes, pur unknown) (If yes, g	U.S. ARMED FORCES? 16. SOI service)	CURITY NO.	Benjamin 19	romas	ADDRESS
(This does not mean heart failure, astheni	a, etc. It means the disease,	CAUSE OF	clerotic Cardio	ovascular Dis	INTERVAL BETWEE
ANTECER	DENT CAUSES DITIONS, IF ANY, GIVING CAUSE (A) STATING THE DUI				
OTHER SIGNIFICA		C)			
TO THE DISEASE OR 19A. DATE OF OPERA	CONDITION CAUSING IT	IGS OF OPERAT	ION		20. AUTOPSY?
21A. EXTERNAL CAUS UNDERLYING OR UTING CAUSE O	CONTRIB. about home, ferm, factory	NJURY (e. g., in or y, street, office bldg., etc.)		(If in Baltimore City	
21D. TIME (Month) (OF INJURY	Day) (Year) (Hour) 2 IE. INJI m. WHILE AT WORK	NOT WHILE	21F. HOW DID INJUI	RY OCCUR?	
the evidence ob	took charge of the remains tained by said Autopsy, In y opinion resulted from: w	spection or Ina	uiry, find that said, , accident [], suicid	deceased died on \Box , homicide \Box ,	the day stated abov undetermined □.
23a. SIGNATURE	Blown	M.D.	23B, CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGA	EXAMINER	9-28-53
GION, REMOVAL (Specify)	0/1/1953 7/14	autan	n Cem B	deto.	ld.
DATE RECEIVED BY R	GISTRAR'S SIGNATURE	UN- My 7	100 KATLERIA	lliams.	Schroede 18

PLEASE WRITE PLACY, WITH UNFADING INK. Every item of information should be dully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legisly. MARGIN RESERVED FOR BINDING

V.S. 151



53 8742 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE pe or Print) CHARISS GAR DINZK SLPT. 30, 1953 DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) Baltimore City, Maryland A STATE (If not in hospital or institution, give street address or ULL NAME OF SPITAL OR (If outside corporate II C. CITY OR TOWN TITUTION timore D. STREET ADDRESS (If rural, give location) Yrs. Mos. of stay in Baltimore Days KIVERSIDE 9. AGE (In years | If Under I Year | If Under 24 Hours | Months Days | Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) USUAL OCCUPATION (Give kind of) 108. KIND OF OUS NESS OR 12. CITIZEN OF WHAT COUNTRY? ioneduring most of working life, even if retired) Ubic Co FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? no a unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** SECURITY NO. - W17 020 6 CAUSE OF DEATH INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Hyperfermi andi mallar diseone DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) .

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

YES

20. AUTOPSY

(If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

2 ID_TIME (Month) (Day) (Year) (Hour) URY

21A. ACCIDENT WAS UNDER-

NOT WHILE! WHILE AT WORK AT WORK

1953, to . 19 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on Auf. 30, 19 and that death occurred at 3. Am., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED

24C NAME OF CEMETERY OR CREMATORY 24B. DATE

A. BURIAL CREMA-N. REMOVAL Specify SAGOWARG

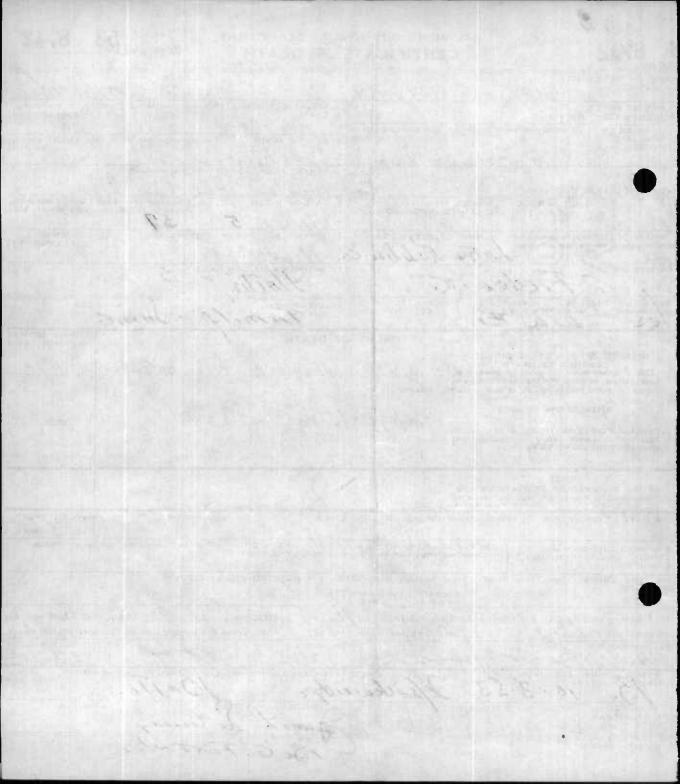
2/4D. LOCATION (City, town, or county)

ADDRESS

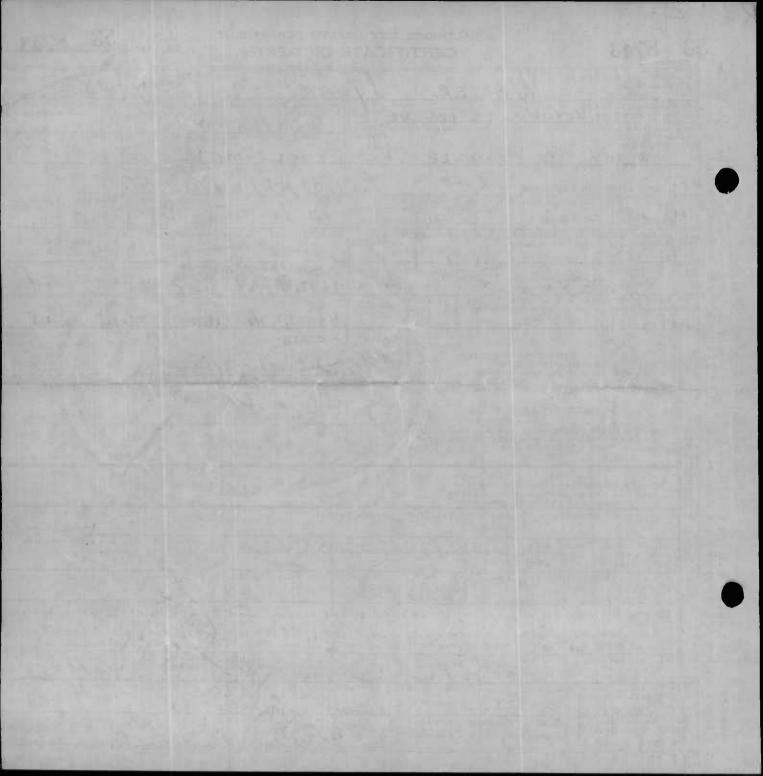
TE RECEIVED BY REGISTRAR'S SIGNATURE CAL REGISTRAR

FUNERAL DIRECTOR

VS 150



Registered 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) (If outside corporate limits, write BU) (If rural, give location) AGE (In years | | Under last birthday) Months It Under I Year If Under 24 Hours 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY MAIDENWAME INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 22. I certify that I took charge of the remains described above, held an I-h]/cc//o~ thereon and from Autopsy, aspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident [], suicide [], homicide [], undetermined []. 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) NA ADDRESS

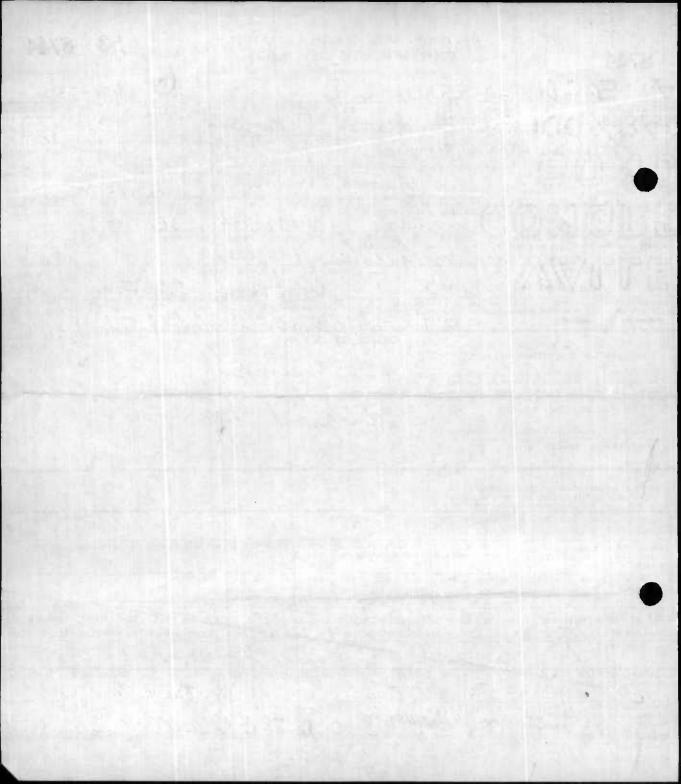


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BALTIMORE CITY HEALTH DEPARTMENT 1 52 200 A.A.

RTH 8744			CERTIFI	CATE	OF DEAT	н	Register	ed 462	0/24
NAME OF DE	Rhotln	-61	RALdi	ne f	Э,		2. DATE OF DEATH	9/30-	-7.3
	ty, Maryland		more	^	STATE	Mand	re deceased live	1	before admission)
SPITAL OR STITUTION	ranklin Sg		Hoppita	ocation)	Balfi	(If ou	1		e RURAL and give township)
	ay in Baltimore		60	Mos. Days	704 We	of over	R C	No 8)
SEX	S. COLOR OR RACE	WIDOW	MARRIED, PED, DIVORCED Wried,	(Specify) 8	Nov. 14 1	922	last birthday)		Year H Under 24 Hours Days Hours Min.
done during most of	UPATION (Give kind of working life, even if retired)		OF BUSINESS	OUSTRY	BIRTHPLACE (S	State or fore	ign country)	12. C	HAT COUNTRY?
FATHER'S NA		An	ney	1	MOTHER'S MA	IDEN NAM	Mon	ton.	VI. 3. V.
. WAS DECEASED, no or uokoown)	EVER IN U.S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY	Y NO.	PINFORMANT	11/00-1	Pla	ADDRES	P.O.W
18. 445	X		CA	USE OF	DEATH	WEXAL	en Vision	IN OI	MERVAL BETWEEN
(This does a heart failure	OR CONDITION LEADING TO DEAT not mean the mode of se, asthenia, etc. It mean complication which complication	'H f dying, e. g ns the disease	e,		Urem	n'ac			
DISEASES	NTECEDENT CAUS OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LA	ANY, GIVIN	(B)(B) (B) (B) (C) (C)	uali!	gnant	pype	estensio	n.	
TRIBUTING '	II GNIFICANT CONDI TO THE DEATH, BUT EASE OR CONDITION	NOT RELATE	D						
19A. DATE OF			FINDINGS OF	F OPERAT	ION			1	20. AUTOPSY?
	NT WAS UNDER- CONTRIBUTING	21B. PLA about home, f	CE OF INJURY	(e.g., in or ffice bidg., etc.)	21c. WHERE D		n Baltimore Ci		YES NO Cact location)
	Ionth) (Day) (Year)			CCURRED OT WHILE	21F. HOW DID	INJURY C	OCCUR?		
22. I hereby	certify that I att				25, 196	1, to 9	- 30 ,1	9 3, .tha	t I last saw the
deceased alia	ve on 9-3.	, 19_53.	.08	238	d at 1230 Am., ADDRESS	from the Digreese	causes and o		te stated above.
A. BURIAL, CR N, REMOVAL (Spe		52		EMETERY	OR CREMATORY	24D. LOC	FIGURE A	own, or cov	hty) (State)
TÉ RECEIVED		BIGNATO	Luama,	My	5. FUNERAL DIRI	ECTOR	1000000	ADDI	RESS Ole 7.1
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BALTIMORE CITY HEALTH DEPARTMENT

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gistered	No.

	BIRT	TH NO.	075	40		CERTIF	ICATI	E OF DE	ATH	Reg	sistered No	-	
	1. N	IAME OF pe or Print)	DECEAS	The	dal	un de	1 1 00	ran		2. DATE OF DEATH	9/:	18/53	}
	а. В		City, I	Maryland S		anton	do		SIDENCE	(Where deceas			idence dmission)
	1100	ULL NAME SPITAL OR TITUTION				tion, givestreet	location)	C. CIFY OR T	QUN .	(If outside corr	orate limits,		and give
0	c. L	ength of	stay in	Baltimore	28	yrs.	Yrs. Mos. Days	D. STREET A	Edn	If rural, give l	ocation)	·V	1
	5. 5	EX	6.CO	LOR OR RAC		E, MARRIED. VED, DIVORCE		BDATE OF E	5批	9. AGE (1	n years It li thday) Mont	nder I Year I Un the Days Hou	nder 24 Hours urs Min.
	10A. work do	one during wos	CCUPAT tof workin	TION (Give kind g life, even if retire	lof 10B. KINI	OF BUSINES	S OR IDUSTRY	11 BIRTHPLA	CE (State of	r foreign count	ry)	2. CITIZEN WHAT CO	
	13. F	all all	NAME	d	arr	nan		14. MOTHER	MAIDEN	Was	len		/
		WAS DECE	SED EVE	R IN U. S. ARN	ED FORCES?	16. SOCIAL SECURI		17. INFORMA	mes	Han	ADI	DRESS \	/
	1 4	(This do heart fai	LEAD es not m lure, asth	ING TO DE lean the mode lenia, etc. It m	O DIRECTLY ATH of dying, e. leans the diseas caused deat	g., (A)	AUSE O	84:	2 Ed	lmond femon	3reth	INTERVAL ONSET AN	
. 11	FICATION	RISE TO	ES OR C	CONDITIONS. ONDITIONS. OVE CAUSE (A	IF ANY, GIVII	(B) HE OUE TO (C)	Ru	lemon	any V	where	salst vive	. Und	J
	CERTIF	TO THE	E DEAT		NS CONTRIB								
	AL	9A. DATE		W/ Commence of the Commence of	A STATE OF THE PERSON NAMED IN	TION FOR W	нісн оғ	ERATION	CAUSE	OF DEATH.	ENTER IN	20. AUTO	PSY?
	ED	OR CONTR	IBUTING	AS UNDERL	OF about	home, farm, factory	NJURY (bldg.,etc.) INJUE	WHERE DIE	O (If in Balti	more City, g	ive exact loca	ation)
21d TIME (Month) (Day) (Year) (Hour) 21z. INJURY OCCURRED OF INJURY m. WHILE AT NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?								UR?					
	3	22. I here	by eert	ify that I a	ttended the	deceased fro	om 9	- m. 1	1953 to_	the eauses		that I last	
	2	23A. SIGN	ATURE	arlar	J. O.	isself	м. о.	38. ADDRESS	Edr	wid	en Art	23c. DATE	
0		. BURIAL.			24/13			RY OR CREMAT	ORY 24D	LOCATION (City, town, o	r county)	(State)
		E RECEIV	TRAR	REGISTRA	R'S SIGNATI	A LLEAUN	1-, M;	TO THE FALL	DIRECTO	Sull	lom	Brook	lad
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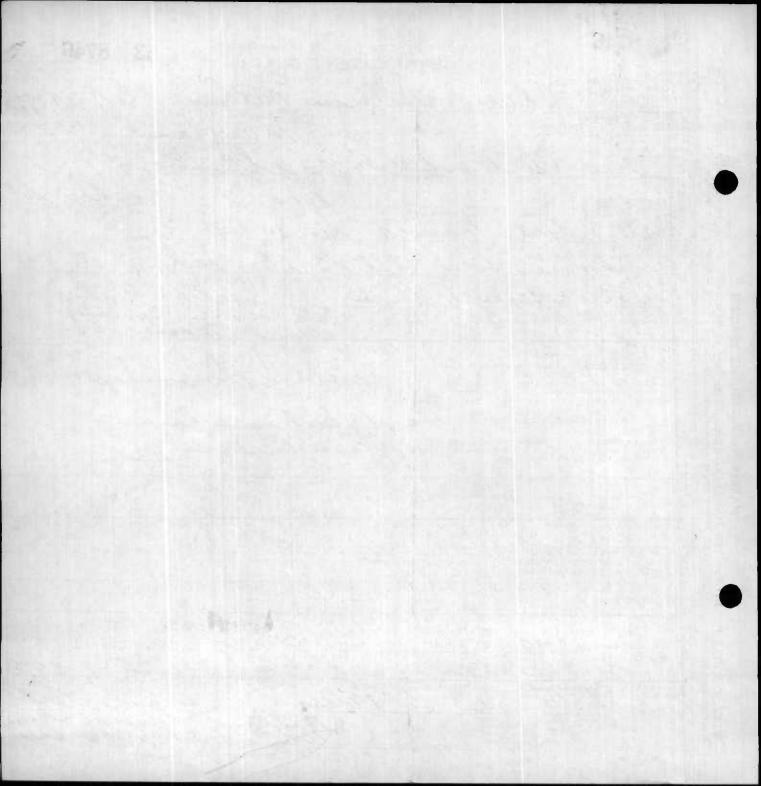
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BALTIMORE CITY HEALTH DEPARTMENT

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В	CERTIFICAT	E OF DEATH	Regided NO 140				
1.	NAME OF DECEASED Charles Wille	am mil	busineath Sext 29,1953				
Α.	B. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE MO	CE (Where deceased lived, Vinstitution: residence before admission)				
H	a. FULL NAME OF (If not in hospital or institution, give street address of location) NSTITUTION NOTICE OF THE PROPERTY OF T		of outside corporate limits, write UIAL and give township)				
U	Yrs. Mos.	o. STREET ADDRES	S (If stral, give location) Masher M.				
	Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years if Under 1 Year If Under 24 Hours last bigthday) Months; Days Hours Min.				
10	Male Coured Manuely OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OF	11. FIRTHPLACE (St.	the or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
1	ork denoduring most of working life, even if retired) Wysher an Veal # 15578	Bala.	ma. u.s.a.				
	Charles Henry milburn	anna	felle Mates				
(Y	(If yes, give war or dates of pervice) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of pervice) 16. SOCIAL SECURITY NO.	1012 01	mocher &				
	44d N 1	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	rebra!	Sementay 1-1-53				
	ANTECEDENT CAUSES	pertena	nie Cardis -				
ATION	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO THE OUE TO THE ABOVE CAUSE (A) STATING THE OUE TO						
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT 'NOT RELATED TO THE DISFASE OR CONDITION CAUSING IT.						
AL C	19a. Date of Operation 19b. Condition for which o	CA	OPERATION WAS RELATED TO 20. AUTOPSY? USE OF DEATH, ENTER IN RT 1 OR PART II				
EDIC	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office	(e. g., in or 21c. WHERE ebildg., etc.)	DID (If in Baltimore City, give exact location) UR?				
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS OF INJURY m. WHILE AT NOT WH AT WORK	ILE	ID INJURY OCCUR?				
	22. I hereby certify that I attended the deceased from \$\mathcal{L}\$		to 9-29. , 1955, that I last saw the				
	deceased alive on 1 2 2 1953, and that death occur	238. ADDRESS	from the eauses and on the date stated above.				
2 7	24A. BURIAL, CREMA- 24B. DATE 124C. NAME OF CEMELT	ERY OR CREMATORY	24b. LOCATION (City, town, or county) (State)				
	DATE RECEIVED BY REGISTRAR SCIONATURE LOCAL REGISTRAR	25. BUNERAL DIE	ctor June Done Nome				
7 4	1 - Waster Williams His	1651 1	ruis Auf Una				
	9405	1					



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4	BALTIMORE CITY HEALTH DEPARTMENT 53 8747
1	CERTIFICATE OF DEATH Registered No.
	NAME OF DECEASED 6. 2. DATE /
(T	Type or Print) Maxime C. Taifler Desight. 30, 1953
A.	PLACE OF DEATH: Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased field. If institution: red dence before ulmission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR INSTITUTION) C. CITY OR TOWN (If oytside corporate limits, waster township)
-	Yrs. D. STREET ADDRESS (If rupal, give location)
C.	Length of stay in Baltimore 26 um. Days 2528 \ Francis St.
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARKED, WIDOWED, DIVORCED (Specify) 4. DATE OF BIRTH 9. AGE (In years I Under 1 Year last birthday) Months Days Hours Min.
10 Wor	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR) 11. BIRTUPLACE (Reate of foreign country) 12. CITIZEN OF MINDUSTRY?
1	Housewill Fine Frederick, Mr. M. St.
	3. FAYHER'S NAME
1:	5. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17 THE GRANANTIA OF THE STATE OF THE ST
(Ye	se, no or unknown) (If yes, giva war or dates of service) SECURITY NO.
-	18. 175X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO
	ANTECEDENT CAUSES
NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.
FICA	
ERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
IL C	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 15 OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN YES NO
IEDICA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OF INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK
	22. I hereby certify that I attended the deceased from 1-7, 1952 to 9-50, 1955, that I last saw the
	deceased alive on 9-33, 1953, and that death occurred a 2.34m., from the causes and on the date stated above.
	23c. DATE SIGNED

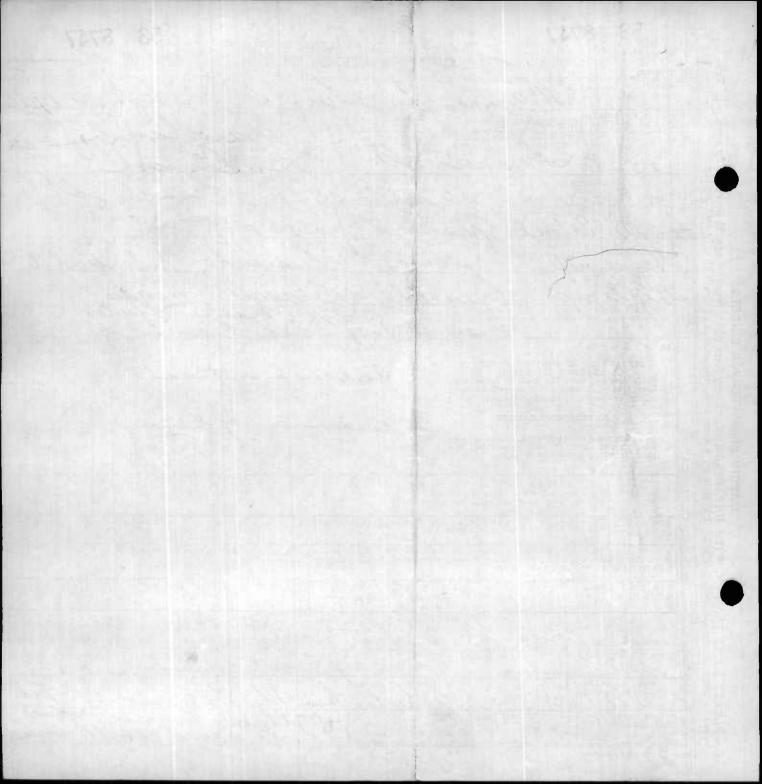
238. ADDRESS

24A. BURIAL, CREMA- 24B. DATE
110N, REMOVAL (Specify)
24D. LOCATION (City, towh, or tigh, removal (Specify)
24D. LOCATION (City, towh, or tigh, removal (Specify)
24D. LOCATION (City, towh, or tigh, removal (Specify))

DATE RECEIVED BY REGISTRAR SIGNATURE

25 PHARREDIRECTOR Single ADDRESSON

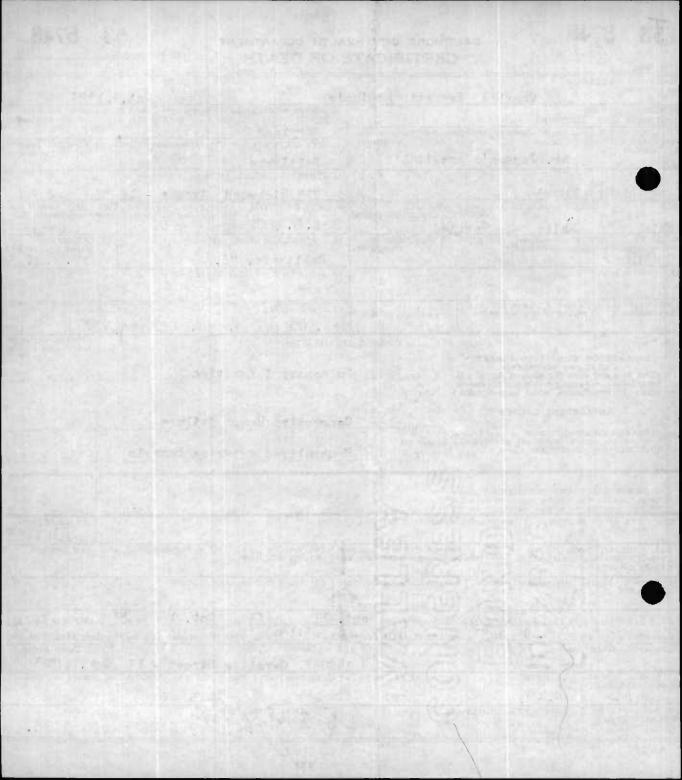
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BALTIMORE CITY HEALTH DEPARTMENT Registered No .__ CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE Charles Everett McGinnis DEATH Oct. 1. 1953 PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence Baltimore City, Maryland before admission) B. COUNTY FULL NAME OF (If not in hospital or institution, give street address or Maryland location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give STITUTION St. Jeseph's Hospital township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore 733 Richwood Avenue - 12 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. 8. DATE OF BIRTH Oct. 5.1892 Married . USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Painter U.S.A. Baltimore, Md. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marv WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Merhl M. Mc. Ginnis, 733 Richwoo INTERVAL BETWEEN CAUSE OF DEATH 410.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Pulmenary infarction heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Congestive heart failure DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriescleresis OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH UME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? URY 22. I hereby certify that I attended the deceased from Sept. 11 , 19 53 to Oct. 1 , 1953, that I last saw the deceased alive on Oct. 1, 1953, and that death occurred at 5:15a m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED Carles Youns 1400 N. Careline Street - 13 A. BURIAL, CREMA-N. REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Western Cemetery Oct. 5, 1953 Daltimore, Maryland Burial 25 FUNERAL DIRECTOR TE RECEIVED BY REGISTRAR'S SIGNATURE 5305 Harford Rd.



BALTIMORE CITY HEALTH DEPARTMENT 8749 CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE pe or Print) OF DEATH DOOT. PLACE OF DEATH: 4. USUAD RESIDENCE (Where deceased lived, If Institution : residence Baltimore City, Maryland B. COUNTY A. STATE before admission) FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write LURAL and give STITUTION Fimous C Yrs. D. STREET ADDRESS (If rural, give location Mos Length of stay in Baltimore Days 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) ONIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. May-12,1905 A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? nstruction towns FATHER'S NAME 14. MOTHER'S MAIDEN NAME hames d 0/111500 WAS DECEASED EVER IN U, S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN 18. 201X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY

injury or complication which caused death.) ANTECEDENT CAUSES

21A. ACCIDENT WAS UNDER-

CAL REGISTRAR

LYING OR CONTRIBUTING

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase,

DUE TO

(C) .

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

DUE TO

20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

CAUSE OF DEATH 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

22. I hereby certify that I attended the deceased from live

, 1953, to Sept 3 0, 1953, that I last saw the deceased alive on 1.28, 1953, and that death occurred at 8:45 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

REMOVAL (Specify)

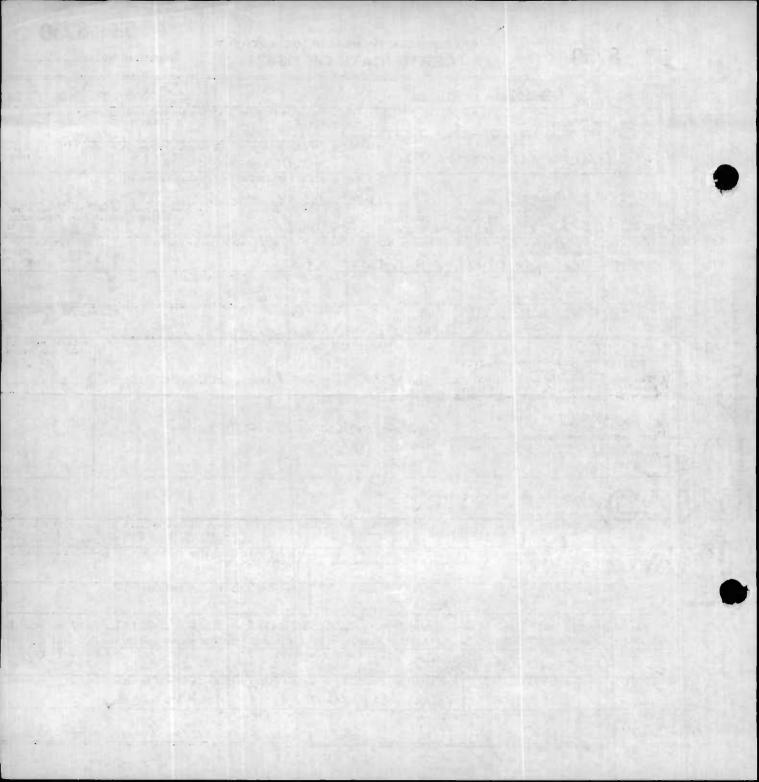
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DN.	J .: S
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IF.A	ysic
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L.CY, WITH UNFADING INK. Every item of information should be co	pecially important. P
Y.	1 pol
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D.	pec

11	H-300	53 87	50
	BALTIMORE CITY	ATE OF DEATH Registered No	
1 6	NAME OF DECEASED Type or Print) OCIE OSSIE Head	2. DATE OF Sept. 30	0,53
A	PLACE OF DEATH: Baltimore City, Maryland		residence ore admission)
	FULL NAME OF (If not in hospital or institution, give street address of the constitution of the constituti	ess or Maryland, Brythmore ation) C. CITY OR TOWN (If outside corporte limits, will RU Baltlmore	RAL and give township)
legibly	T	Yrs. D. STREET ADDRESS (If rurai, give location) Mos. 1031 W. Baltimore St	4
and	Emale 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (S)	8. DATE OF BIRTH 9. AGE (In years Muder Year	If Under 24 Hours Hours Min.
clearly ar	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS Of kind one during most of working life, even if retired) None Developer Philtres Study		EN OF COUNTRY
S of death clearly	3. FATHER'S NAME Richardson	14. MOTHER'S MAIDEN NAME	
Jo sa	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown) (If yes, give war or dates of service) SECURITY N 26-78-65	NO. 17. INFORMANT ADDRESS SJO Makel Collins 511 W. Mulh	en St
write the causes	18. 581.0 CAUS	SE OF DEATH	AL BETWEEN AND DEATH
olease v	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	irhosis of liver	?
Physicians: 1	TO THE DEATH BUT NOT RELATED TO THE		
1	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH	H OPERATION IF OPERATION WAS RELATED TO 20, AI CAUSE OF DEATH, ENTER IN PART I OR PART II YES	NO H
important.	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	RY (e.g., in or tt, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact INJURY OCCUR?	location)
>	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCION WHILE AT NO		
is especiall		occurred at 2:15 Am., from the causes and on the date st	
T	44. BURIAL CREMA: 24B. DATE ON REMOVAL (Specify) Oct 3/53 New Cat		
	OATE RECEIVED BY REGISTRAR'S SIGNATURS	25. FUNERAL DIRECTOR ADDRESS.	
	Vs 150	18F	

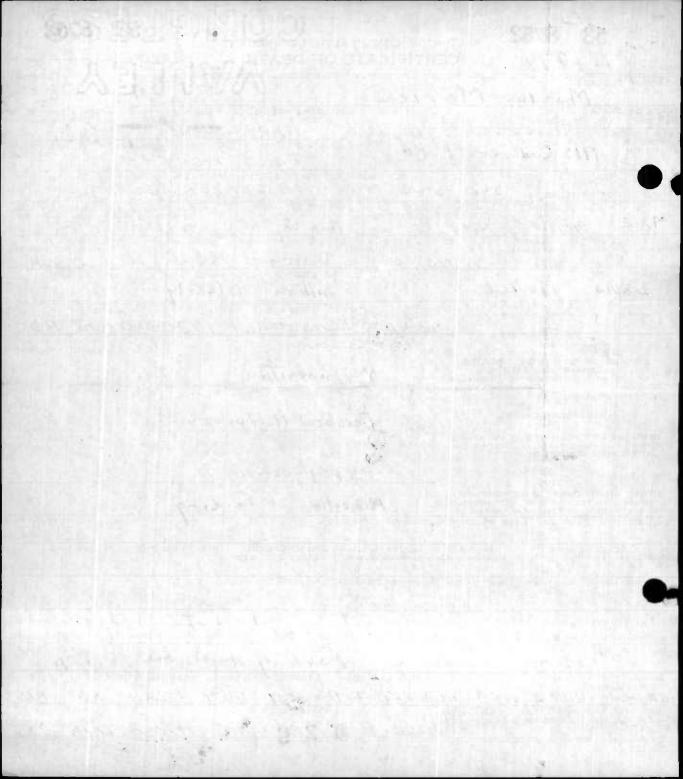


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S-3/6 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No						
1. NAME OF DECEASED FRANCIS P. STAFFORD 2. DATE OF DEATH SEPT. 10	1,1953					
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. COUNTY	tion: residence Defore admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside or porate limits, write institution)	RURAL and give township					
Yrs. D. STREET ADDRESS (If rural, give location)						
c. Length of stay in Baltimore LIFE Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 1.8. DATE OF BIRTH 9. AGE (In years) I linker 1.	fear 11 Under 24 Hoers					
M WINGWED, DIVORCED (Specify) MAR.15, 1915 Jast birthday) Months: I	Days Hours Min.					
Work doubt during most of working life, even if retired) OISTRIBUTING BALTO., MD.	S.A.					
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NAME NAME NAME NAME NAME NAME NA						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, po or unknown) (If yes, give war or dates of service) 215-09-8351 MRS FRANCIS ROTH	BOVE					
Or DEATH	TERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	15 mas					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
Z ANTECEDENT CAUSES (B) Carcinoma promach	て、					
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20 CAUSE OF DEATH, ENTER IN	O. AUTOPSY?					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR?						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from Feb., 1953, to Sept -1, 1953, that I last saw th deceased alive on Sept 24, 1953, and that death occurred at 1:30 R m., from the causes and on the date stated above						
23A AIGNATURE . 23B. ADDRESS . 23C	DATE SIGNED					
24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or course)	A 4 Po					
TION REMOVAL (Specify) OCT. 3 1953 NEW CATHEORAL BALTO. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADD.	MD.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADD LOCAL REGISTRAR 4.W. JENKINS SONS (0.4905)	JORK RO					
Vs 150 39199						

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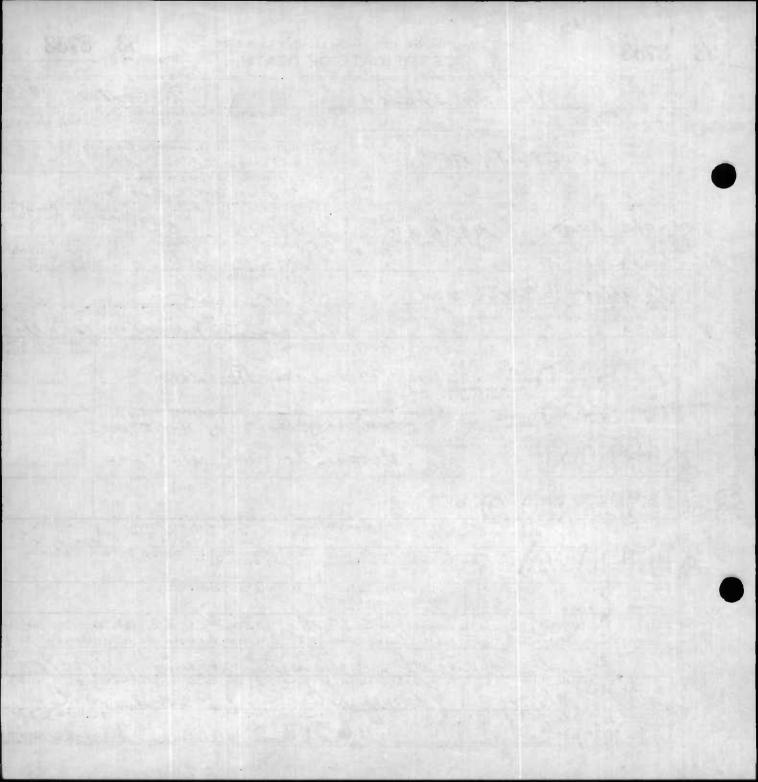
Registered No. CERTIFICATE OF DEATH NAME OF DEC 2. DATE pe or Print) OF MOYICU 30-53 Mario DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution esidence
A. STATE
B. COUNTY before admission) Baltimore City, Maryland A. STATE FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR 1113 Codarcroft BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. CEDAR CROFT Length of stay in Baltimore Dave 9. AGE (In years 7. SINGLE, MARRIED last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) SING LE . USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Baltimore, Md. 14 MOTHER'S MAIDEN NAME FATHER'S NAME LOUIS Blakely WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO. LOUIS MORICI NONF-1113 CEDARCROFT INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Malnostrition LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Cercbrul Naldwelopment DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypoglycomia OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCURTO ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! . 1951, to Scot 30, 195 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on Sept 23, 1952, and that death occurred at 3. 00 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED Hoczáts Are 400 4 Listy BURIAL, CREMA-REMOVAL (Specify URIAL OCT 2 1953 HOLYREDEEMERCEM 4430 BELAIR wilington Williams TE RECEIVED BY 25. FUNERAL DIRECTOR VS 150



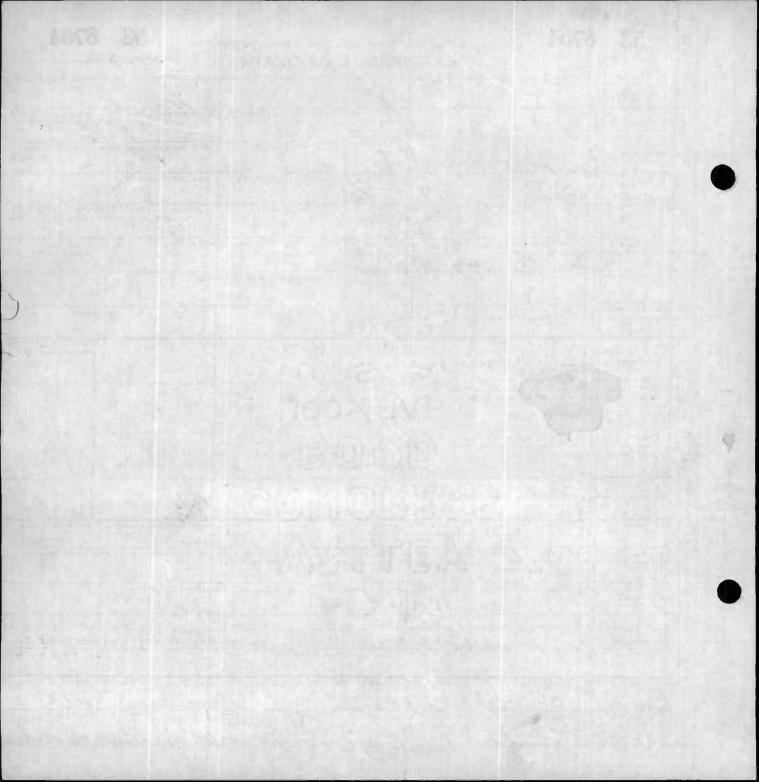
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3	8753	TE OF DEA	RIMENT Registered N	0/03
В	CERTIFICAT	IE OF DEA	TH RESIDENCE IN	V
1.	NAME OF DECEASED Almeta Thomas	5	2. DATE OF DEATH SET	7.29,1953
A	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RES	IDENCE (Where deceased lived, If i	nstitution : residence before admission
	FULL NAME OF (If not in hospital or institution, give street address of coarlor location)	c. CITY OR TO	WN (If outside corporate im ts	matter NIP At and Kim
11	ISTITUTION UNIVERSITY HOSPITAL	BAIT	IMORE 4	tomship
-	Yrs. Mos	11 0	DRESS (If rural, give location)	
	Length of stay in Baltimore Day	6 628	SARATOGA 3	
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif	8. DATE OF BU		Under 1 Year If Under 24 Hours ths: Days Hours Min.
1	MARRIED MARRIED	aprill	6,1923 30	
MOI	A. USUAL OCCUPATION (Give kind of los. KIND OF BUSINESS OR k dope during most of working life, even if retired) HOUSE WEE		(State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	B. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME	10.000
	(Indrew Jackson	Plyes	n Kelly	
1	S. WAS DECEASED EVER (V.), S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMAN	T 1.16 AE	DRESS TOL POL
1,00	(If yes five war or dates of service) SECURITY NO.	William	n & Thomas	lous 12.
	18. / CAUSE	OF DEATH	2 / 4 / 60/ 60/ 60/ 60/ 60/ 60/ 60/ 60/ 60/ 6	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
	(This does not mean the mode of dylng, e.g., (A)	MONARY	Empaism	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	and the state of t	······································	***************************************
-	ANTECEDENT CAUSES	or be oblet	itis of Pelvic Vie	1
O	FIG. TO THE ABOVE OF THE PROPERTY OF THE PROPE			
AT	UNDERLYING CONDITION LAST.	ous Lot	ewa HematomA	
10	(C)			
RTIF	11			
ER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
U	OISEASE OR CONDITION CAUSING IT.	DEBARION	1	L CO ALIFORNIA
CAL	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH (WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	YES NO
IEDIC	21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE OF INJURY OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		HERE DID (If in Baltimore City, OCCUR?	give exact location)
2	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HC	W DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WI WORK AT WO			
	22. I hereby certify that I attended the deceased from Se		53 to Sept. 29, 195	that I last saw th
	deceased alive on 3207. 24, 19 33, and that death occ		m., from the causes and on th	
	23A. SIGNATURE	238. ADDRESS	int, from the causes and on the	23c. DATE SIGNED
	Douslas N. Smith M.D.	Universi	Ly Hospital	10/29/53
2	4A. BURIAL, CREMA- 4B. DATE 24C. NAME OF CEMET	ERY PREMATO	PA 240. LOCATION (City, town,	or county) (State)
1	MARCA 10/2/1953 Y LOUBE	8.6	Y forence,	B.Co
13	AZE RECEIVED BY DEGISTRAR'S SIGNATURE	25. FUNERAL	DIRECTOR	ADDRESS 322 N
(OCAL REGISTRAR	Mara Katy	R William Le	hearder St.

VS 150



n	13.2	10								
	53	8754	DA	LTIMORE CITY HE	FALTH DEBAR	TMENT /	53	8	754	
R	IRTH NO.		BA	CERTIFICAT			Registere			
1.	NAME OF DE	CEASED	Mon	fort		2.	DATE			
	Type or Print)	Thomas	1500		TOUR		OF DEATH	1/5	3	
	Baltimore C	ity, Maryland	Luise	st hours	4. USUAL RESI	DENCE (Where	deceased lived			
В.	FULL NAME (OF (If not in hosp	ital or institu	tion, give street address or	na	nune	Q. 11-1	450	Mid	
11	STITUTION	Univers	ely X	Tosketal	c. CITY OR TOV	VN (If outs:	lde corporate li	mits, writ		und giv wnship
c	Length of st	ay in Baltimore		Yrs. Mos Oays	D. STREET ADD	RESS (If rural	, give location)	00		
5	SEX	6. COLOR OR RACI	WIDON	E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIR		AGE (In years last birthday)			r 24 Hours Min.
10 wor	k done during most of	CUPATION (Give kind working life, even if retire	of IOB. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	E (State or foreign	n country)		TIZEN OF	
13	FATHER'S N		/ Jones	arfam	14. MOTHER'S	MAIDEN NAME			3 60	
	-<	1/Sext		V	- Helen	man	24 24			
(Y	es, no or unknown)	D EVER IN U, S. ARM (If yes, give war or da	ED FORCES? ten of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRE	ss	
-	18.	1.1		717-32-4687	OF DEATH			41)	ITERVAL BE	TWEE
	DISEAS	E OR CONDITION	DIRECTLY		OI DEATH			0	NSET ANO	DEAT
	(This does	LEADING TO DE	ATH of dying, e.	g., (A)			**************************************	***************		- 4
	injury or	re, asthenia, etc. It me complication which	caused deat	se, h.) DUE TO						
		ANTECEDENT CAL	JSES	Carro	-	- valuelle				
NOIL	DISEASES	OR CONDITIONS,	IF ANY, GIVI	(5) NG			*********************		***********	*********
1	UNDERLY	THE ABOVE CAUSE (A) STATING T	C FEE	A cleu	it person	44	100		
U				(C)	*******************************		•••••••		*****************	
RTIFI	OTHER SIG	II NIFICANT CONDITION	S CONTRIB	UTING	A			- 0		180
CE		DEATH BUT NOT		O THE	i e c	7			******	
AL	19A. DATE OF	F OPERATION	198. COND WAS PERFO	ITION FOR WHICH OF	PERATION	IF OPERATION CAUSE OF D PART I OR P.	EATH, ENTER	IN	O. AUTOPS	SY?
EDIC	OR CONTRIB	NT WAS UNDERLUTING CAUSE OF MEDICAL EXAMIN	OF about	B. PLACE OF INJURY (thome, farm, factory, street, office	e. g., in or 21C. WH bidg., etc.) INJURY	OCCUR?	Baltimore Ci	ity, give	exact location	on)
Σ	210 TIME () OF INJURY	Month) (Day) (Yea		21E. INJURY OCCURR		W DID INJURY	OCCUR?			
	00 71		m.	WORK AT WOR		م عمل ا	10		. 7 7	
	deceased al.			and that death occur						
	23A. SIGNAT				3B. ADDRESS	ne., from the ca	uuses unu on		DATE SI	
_	i i i i i i i i i i i i i i i i i i i	May 4	t cha	м. о.		RATIN		16	-	3
	4A. BURIAL, C		-53	240 NAME OF CEMETE	RY OR CREMATOR	24b. LOCA	TION (City, to	wn, or cor	Ma de	(State)
	ATE RECEIVED		R'S SIGNAT	URE	25 PUNERAL D	URESTOR O	mon	ADD	RESS	
Ď	CT 1 - 10	52 H. +	ton 1	111- 1	J. Seon	Drod	tos. Si	boul	y Me	A
	VS 150	G S.		Washing Int			11			

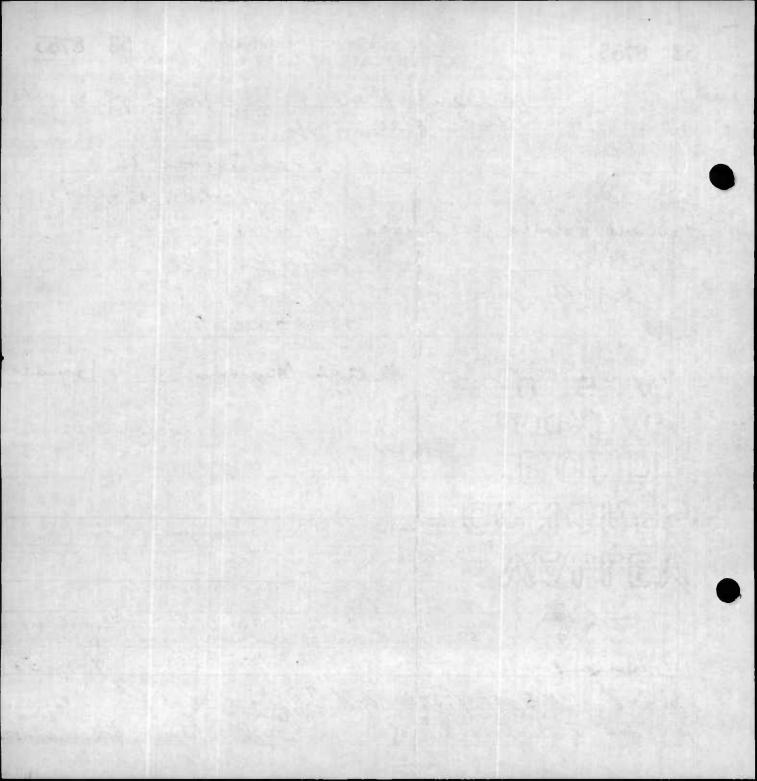


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	supplied.	
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	hould be ca	rly and legib
DING	nformation sl	of death clea
MARGIN RESERVED FOR BINDING	ery item of i	e the causes
RESERVE	INK. Ev	please writ
MARGIN	LAK. Y, WITH UNFADING INK. Every item of information should be con ally supplied. The	ially important. Physicians: please write the causes of death clearly and legizay.
	Y, WITH	important.
	LAK	ially

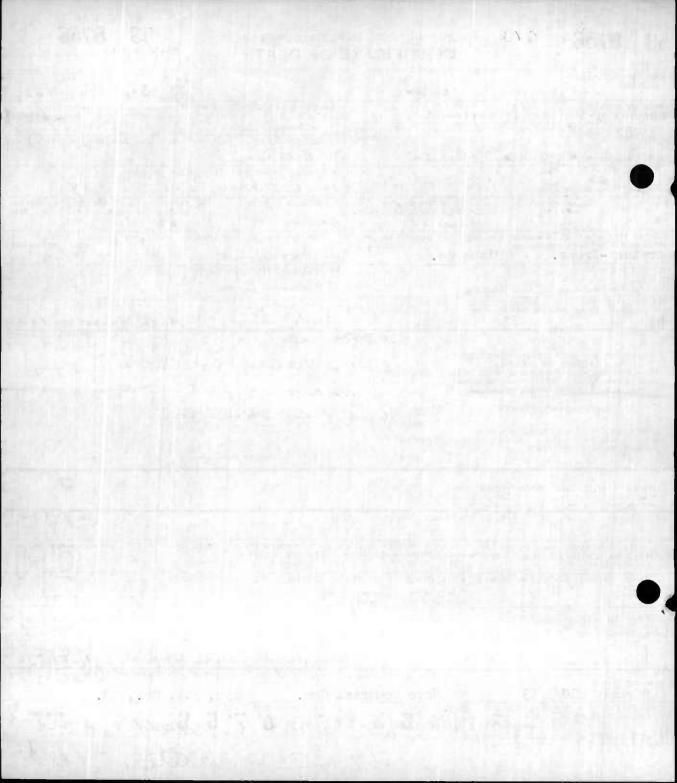
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1.	NAME OF DECEASED		0	-	2, DATE /	
	ype or Print)	It el	out Le	-	OF DEAT	pt. 30-1953
	PLACE OF DEATH: Baltimore City, Maryland	ned	(Onla, 11	4. USUAL RES	IDENCE (Where deceased liv	
В. І	FULL NAME OF (If not in	hospital or institut	tion, give street address of	ma	. 11	and lakes
IN	STITUTION OF NS HOPK	INS HOSPITA	location	C. CITY OR TO	(If outside corporate	limits, write RUHAL and gi
3	3			100	muore	6
	Langth of stars in Balting		Yrs. Mos.	o. STREET ADD	(h)	Doop Physic
	Length of stay in Baltimo	ACE 7. SINGL	E. MARRIED.	8. DATE OF BIE		
4	unde Toolas	WIDOY	ED, DIVORCED (Specify		-86 last birthday	Months Days Hours Min
10	A. USUAL OCCUPATION (Give done during most of working life, even if	kindof 108. KINI	OF BUSINESS OR	11. BIRTHPLAC	E (State or foreign country)	12. CITIZEN OF
	HOMINAS	etired)	INDUSTRY	SIXMIN.	ille Va	WHAT COUNTR
3	FATHER'S NAME	11/2	14	14 MOTHER'S	MAIDEN NAME	
	mances,	scauge	uy	Vijan	na. T	
00	. WAS DECEASED EVER IN U.S.	ARMED FORCES? or dates of privice)	16. SOCIAL SECURITY NO.	17. INFORMAN		ADDRESS
7	Ne			JOHNS HOP	KINS HOSPITAL	
1	18. 203X			OF DEATH		ONSET AND OFAT
	DISEASE OR CONDIT	DEATH	M. 02	type Me	ular.	Zuean
	(This does not mean the n heart failure, asthenia, etc. injury or complication wh	It means the diseas				
			n.) DUE TO			TOLA SELMAN
-	ANTECEDENT	CAUSES	(B)			
2	DISEASES OR CONDITIO	NS, IF ANY, GIVE	NG		•••••••••••••••••••••••••••••••••••••••	***************************************
5	UNDERLYING CONDITIO	N LAST.	(C)		***************************************	
2	OTHER SIGNIFICANT CONDI			4 3 111		
	TO THE DEATH BUT I	USING IT.				
Y.	19a. DATE OF OPERATION	0 WAS PERFO	TION FOR WHICH O	PERATION	IF OPERATION WAS RELAT	ER IN
	21A. ACCIDENT WAS UND				PART 1 OR PART 11 HERE DID (If in Baltimore	City, give exact location)
	DEATH (NOTIFY MEDICAL EX		home, farm, factory, street, office	e bldg., etc.) 1NJURY	OCCUR?	
-	21D TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	21F. HO	W DID INJURY OCCUR?	
	OF INJURY	m.	WHILE AT NOT WHI			
	22. I hereby certify that	I attended the		2 11	530 9-30-	1953 that I last saw t
1	deceased alive on 9-				m., from the causes and	on the date stated abou
	23A SIGNATURE			23 OARRES	KINS HOSPITAL	23c. DATE SIGNE
	Thoughout	-				7-30003
200	A. BURIAL, CREMA- 21B. D.	0 10-	24c, NAME OF CEMETI	ERY OR CREMATOR	RY 240. LOCATION (City,	town or covney) (State
7	ATE RECEIVED BY REGIST	PAR'S SIGNATI	aumon	1:25 FUNERAL D	DIRECTOR	ADDRESS212 M
	CAL REGISTRAR	- + 1/1	W.5.3.4	m. N.L.	021.00.	S.I.
H		nglow VE	MACHINA, MY	The sale	Ch. Williams	remoder RI
	VS 150	U				
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



1-200		
53 8756 BALTIMO	ORE CITY HEALTH DEPARTMENT	53 8756
	RTIFICATE OF DEATH	Registered No.
AME OF DECEASED	wis	2. DATE OF Sept. 30, 1953
ACE OF DEATH	I A LIGHAL RESIDENCE (W	Vhere deceased lived. If institution: residence
altimore City, Maryland Maryland		B. COUNTY before almission)
PITAL OR ITUTION	location) c. CITY OR TOWN (If	outside corpotate limits, write RURAL and give
Maryland general Hospil	tal Baltimore	township)
n',	ITS. D. STREET ADDRESS (II	
ength of stay in Baltimore	Days 4605 Mana	ordine Ra. # 29
	IVORCED (Specify)	9. AGE (in years Munder Year If Under 24 Hours Last birthday Months Days Hours Min.
7 W Marri USUAL OCCUPATION (Give kind of 10B. KIND OF E		oreign country) 12, CITIZEN OF
oretary-Treas. Piano Co.	INDUSTRY	WHAT COUNTRY?
ATHER'S NAME	Manyland 14. MOTHER'S MAIDEN N	U.S.A.
Benjamin C. Lewis	anna love	
AS DECEASED EVER IN U. S. ARMED FORCES? 16. 5	SOCIAL 17. INFORMANT	ADDRESS
o nr uoknowo) (If yes, give war or dates nf service)	Busic Luis	4605 manordine Ra # 29
B. 331 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) Lerebro Vasentan a	Lecident E 7 days
ANTECEDENT CAUSES	(B) Right Sided Hema	hlenia
DISEASES OR CONDITIONS, IF ANY, GIVING		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.		
PA. DATE OF OPERATION 198. MAJOR FINE	DINGS OF OPERATION	20. AUTOPSY?
215 BLACE O	E IN HIPY (: 210 WHERE DID. //	YES NO [
	F INJURY (e. g., io or 21c. WHERE DID (I tory,street,office bldg.,etc.) INJURY OCCUR?	it in Battimore City, give exact location)
TIME (Month) (Day) (Year) (Hour) 21E. II	NJURY OCCURRED 21F. HOW DID INJURY	Y OCCUR?
m. WHILE A		
2. I hereby certify that I attended the deced	used from 9/24, 1953, to	9/30, 1953, that I last saw the
	hat death occurred at 7:24 h m., from t	he causes and on the date stated above.
Valeriana B. Castillo	M. D. Maryland gun	al Horital 9/30/83
BURIAL, CREMA- 248. DATE 24C. N REMOVAL (Specify)	AME OF CEMETERY OR CREMATORY 24D. L	OCATION (City, town, or county) (State)
	ayo Memorial Cem. Mayo.	
AL REGISTRAR REGISTRAR'S SIGNATURE	wis- M S FUNERAL DIRECTOR	extens 4 Sons
Va 130 1933	26.3-	and - Mal.
	29032	satto 17, 1 ma



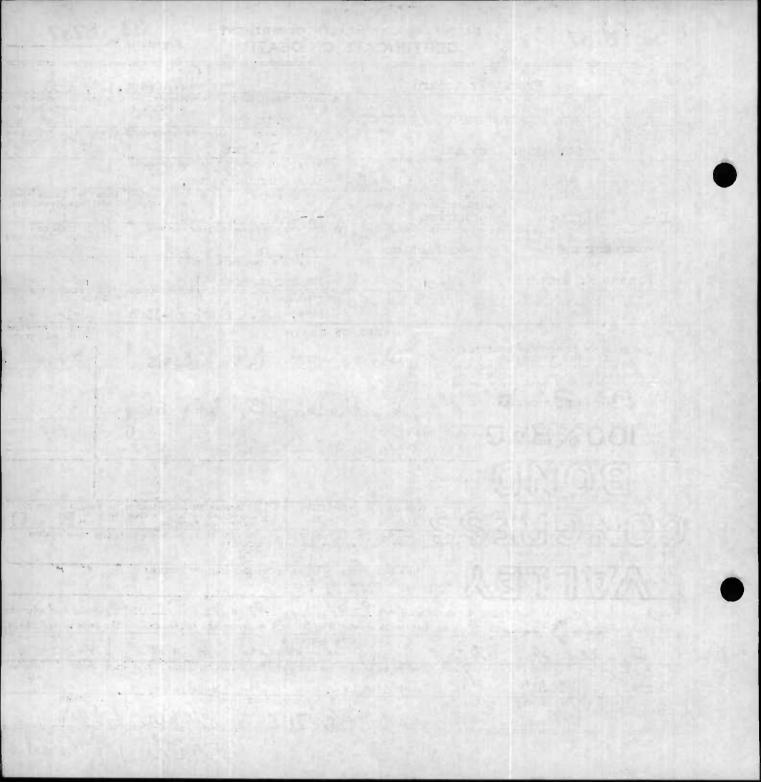
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53	8757

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8757
Registered No.

4

BIRTH NO.			CERTIFICATE	- OF D	EATH	Registere	u 110.	
1. NAME OF (Type or Prin		W. est/Pri	tahand			2. DATE OF	- 00	2012
3. PLACE OF	Prince	sy Pri	cenard	4. USUAL	RESIDENCE (V	DEATH Sept		n: residence
A. Baltimore	e City, Maryland	_1 ::_		A. STATE	Maryland	B. COUNTY	be ma	fore admission)
B. FULL NAM	R	ai or institut	ion, give street address or location)	c. CITY OF		outside corporate li	its, write R	
INSTITUTION	St. Agnes	Hospi	tal.		Baltimore			township)
			Yrs. Mos.			rural, give location)		
	f stay in Baltimore		Days		Ferndale		- W D J - 4 W	
5. SEX	6. COLOR OR RACE	WIDOW	E. MARRIED. VED, DIVORCED (Specify)	8. DATE O		/1	Months Day	Hours Min.
Male	White OCCUPATION (Give kind of		rried	9-1-1	PLACE (State or f	oreign country)	1 12. CIT	IZEN OF
work dona during m	roker in the restriction		industry confection					AT COUNTRY
13. FATHER			Olderolon		yland R'S MAIDEN N	AME		-
Ern	est F. Pritcha	rd	Decid	Mar g	aret Misk	ell	1 Decid	
15. WAS DECE	ASED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFOR			ADDRESS	
no	(17) (17) (17) (17)	a or sorriou,	SECORITI NO.	Mrs.	L.Q. Pri	tchard-3108	Fernda	le Ave.
18. 0	0 2 X 1		CAUSE	OF DEAT	Н			RVAL BETWEEN ET AND DEATH
11	LEADING TO DEA		D:	<i>kinated</i>	+	0-0:-		- 44.
	loes not mean the mode on ailure, asthenia, etc. It mea	of dying, e.	6., (A)	KI WAGE	14 bea	CULOSIS		
injury	or complication which o	aused death	a.) DUE TO					
	ANTECEDENT CAUS	SES	(B) Read	justed	TB.	eft hum	,	
	SES OR CONDITIONS, I		NG			(·····
	RLYING CONDITION LA		(C)				9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
IL.	7-339 M							
TO THE	SIGNIFICANT CONDITIONS							
DISEAS	E OR CONDITION CAUSING	S IT.	ITION FOR WHICH OF	EDATION	IE OPER	ATION WAS RELATE	n TO 1 20	AUTOPSY?
1		VAS FERFO		LICATION	CAUSE	OF DEATH. ENTER		
	IDENT WAS UNDERLY	ING 218	B. PLACE OF INJURY (a. g., iu or 210	WHERE DID	(If in Baitimore C	ity, give exa	et location)
	NOTIFY MEDICAL EXAMINE		nome, and mission y, and con, ormor	Diag., avc. /	SORT GOODK!			
2 1D. TIME OF INJUR	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE		F. HOW DID IN	JURY OCCUR?		
0	m. WORK AT WORK							
22. I hereby certify that I attended the deceased from 9-2/ 1953, to 9-29, 1953, that I last saw the								
deceased alive on 19 , and that death occurred at p m., from the causes and on the date stated above.								
23A. SIG	NATURE	Wal	10.0	SA. ADDRES	fares !	Ho y tal		30 -53
24A. BURIA	L. CREMA- 248. DATE	7	24C. NAME OF CEMETE	RY OR CREM		OCATION (City, to		
Buria	1 10/2/53	3	Lorraine C	em.		Jeodlawn M	d. 1	
DATE RECE		S SIGNAT		25. FUNER	RAL DIRECTOR	1	ADDRE	ESS
UCITIE	Munta	ratori	Villajus: No	8/17/	nsval	coner	NXX	
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II .			2900	50	V	Dall	1/4	vvui.

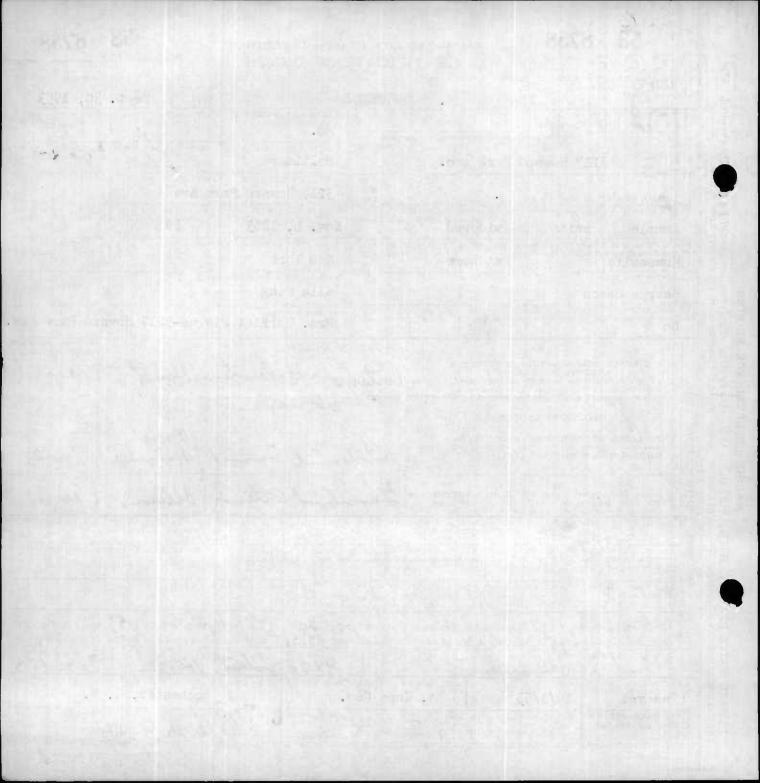


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8758
Registered No.

81	RTH NO.			CLITTI TOATI	- OI DEAI			
	NAME OF D			DADCON	C	2. DATE OF	C-nt 20 3003	
8	PLACE OF D	ID/	1	M. PARSON			Sept. 30, 1953	
		City, Maryland			A STATE	B. COI		
	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or location)	c, CITY OR TOWN	V (If outside corno	one linit, write RARA, and	Piva
IN	STITUTION	3217 Howard	Park A	ve.	Baltimore	(11 Durando conte	Wasi	
-12				Yrs.	D. STREET ADDR	ESS (If rural, give loc	cation)	_
c.	Length of si	tay in Baltimore		Mos. Days	3217 Howa	rd Park Ave		
The same of the sa	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRT	- lost hirt	h years It Cader 1 Year II Under 24 H	louis
	female	white	widowe		Nov. 4, 18	63 89	hday) Months Days Hours M	1111.
10 work	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR		State or foreign country	y) 12. CITIZEN OF WHAT COUNT	RY2
	Housewif		at hor		New York		Will Cooking	
13	. FATHER'S N				14. MOTHER'S M.			
	George M				Ella King	THE RESERVE		
15 (Ye	NAS DECEASE , no or unknown) NO	O EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Harr	iet Pierce-32	217 Howard Park As	ve.
-	18.	0. 1	100	CALISE	OF DEATH		INTERVAL BETWE	
	7	E OR CONDITION	DIRECTIV	CAUSE	A .	1	ONSET AND DE	ATH
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	heart failu	re, asthenia, etc. It mea	ns the disease	e,	1.0			
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z		ANTECEDENT CAUS		(B)				
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Y.	UNDERLY	ING CONDITION LA	ST.	(c) Word	ommel de	emos I shall	months	
FIG		11		•				_
RT		NIFICANT CONDITIONS			1.16	te : - 1.00	10-	
CEI		DEATH BUT NOT I		THE OFFI	alged or	oup occur	cal of com	*
	19A. DATE O		98. CONDITAL	TION FOR WHICH OP	ERATION	IF OPERATION WAS R	ENTER IN	
Y Y	21A ACCIDE	NT WAS UNDERLY	NGDI 218	PLACE OF INTURY (- in -1 210 WHE	PART I OR PART II	YES NO E	1
EDICA	OR CONTRIE	BUTING CAUSE OF	about	nome, farm, factory, atreet, office	bldg.,etc.) INJURY C	CCUR?	fore City, give exact location,	
Σ		Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURRE	D 2 IF. HOW	DID INJURY OCCU	R?	
	OF INJURY		m.	WHILE AT NOT WHILE AT WORK				
	22. I hereby certify that I attended the deceased from fight. 25, 1947, to fight. 36, 1953 that I last saw the							
	deceased alive on 1953 and that death occurred at 3.3 . I.m., from the causes and on the date stated above.							
	23A. SIGNA	URE DA	1		38. ADDRESS 4108 &	best 1st.	a 230 DATE SIGN	ED
2	24a. BURIAL, CREMA- 24b. DATE 24c. NAME of CEMETERY OR CREMATORY 24d. COCATION (City, town, or county) (State)						ite) *	
TI	Removal (S	10/3/53		Mt. Hope Cem	1.	Rochest	ter, N. Y.	
	ATE RECEIVE	D BY REGISTRAR	S SIGNATU	RE / I wo ()	25 FUNERAL OIL	RECIPAL	ADDRESS	
5	CAL REGIST	RAR Munta	at will .	Vallaun, M.	I/m. &	· Victorier	14 sars	
	VS 150					1	eto 17, and.	
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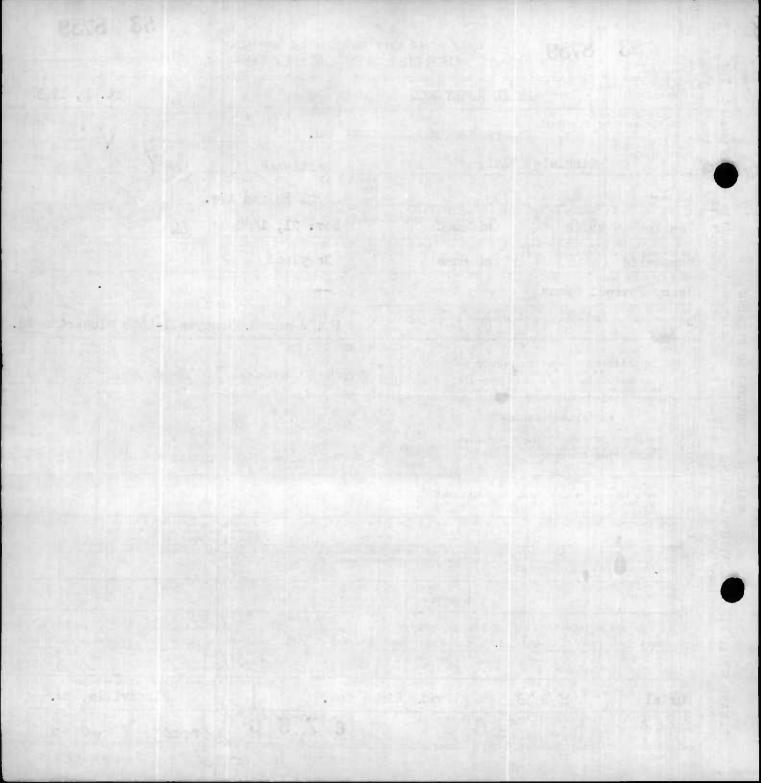
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	rmation should be ca	death clearly and legibry.
DITTOTT ATO T OTHER TOTAL ATTENTION	Every item of info	write the causes of
TOTAL ATTENDED	UNFADING INK.	Physicians: please
	PLEASE WRITE PLAIN, WITH UNFADING INK. Every item of information should be call	correct age is especially important. Physicians: please write the causes of death clearly and legibry

H-	5	40
1	53	8759

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

759

BII	RTH NO.	0709		CERTIFICATI	E OF DEA	TH	Register	red No	
1.	NAME OF Di		EYWELL			DATE OF DEATH	Oct.	1, 1953	
Α.		ity, Maryland			A. STATE	IDENCE (Where			tion: pesidence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Kirkleigh Villa			c, CITY OR TO		ide dorporat	Manits, Write	e RURAL and give township)		
1	Towards of at			Yrs. Mos.	Baltimos	DRESS (If rura	l, give locatio	u)	
5.	sex male	6.COLOR OR RAC white	E 7. SINGLE	Days E, MARRIED. ZED, DIVORCED (Specify) WEQ	8. DATE OF BI		AGE (in year last birthday		Year W Under 24 Hours Days Hours Min.
10. work	A. USUAL OCC	CUPATION (Give kin f working life, even if reti	dof 108. KINE	OF BUSINESS OR		E (State or forcig	84 n country)		ITIZEN OF WHAT COUNTRY?
13	FATHER'S N	AME ell Owens	ao n	One		MAIDEN NAME			
15	. WAS DECEASE	D EVER IN U. S. AR	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN		well-hh	ADDRES	ss werton Rd.
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) When the condition of the disease (B) When the condition of the disease (C) was cular disease (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					16 yrs				
AL C	19A. DATE O	F OPERATION 0	198. CONDI WAS PERFO	TION FOR WHICH OF RMED	PERATION	IF OPERATION CAUSE OF E PART I OR P	DEATH. ENT	ER IN	O. AUTOPSY?
IEDICAL	OR CONTRIB	NT WAS UNDER UTING CAUSE IFY MEDICAL EXAM	OF about	. PLACE OF INJURY (home, farm, factory, street, office		HERE DID (If is OCCUR?	n Baltimore	City, give e	exact location)
Σ	21D. TIME () OF INJURY	Month) (Day) (Ye	ar) (Hour) m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	LE	W DID INJURY	OCCUR?		7
22. I hereby certify that I attended the deceased from 1943, 19, to Oct. 1, 1953, that I last saw to deceased alive on 9/29, 1953, and that death occurred at 70. m., from the causes and on the date stated about 23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNE 201/55					te stated above.				
24 H0 B1	A. BURIAL, C N. REMOVAL (S ITIAL	REMA- 248. DAT pecify) 10/3/	(24c. NAME OF CEMETE Druid Ridge (RY 24D. LOCA	TION (City, Pike	town, or cou	
	TE RECEIVE		AR'S SIGNATU	PRE DO F	5 FUNERAL MM.	John Will	ever	YADB	RESS
	VS 150		1		1	BART	5 1-	7 W	Vd.



BALTIMORE CITY HEALTH DEPARTMENT 53 8760

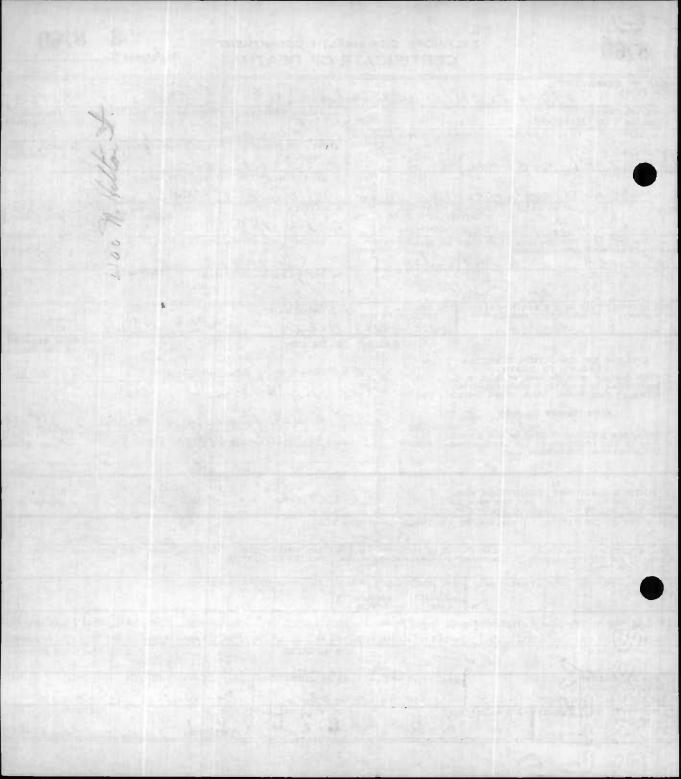
CERTIFICATE OF DEATH

ARGUERITE BLOODWORTH

2. DATE OF DEATH OF DEATH SEPT. 30, 195

LAGE OF DEATH: Calcimore City, Maryland A. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY hefore admission C. CITY OR JOWN (If outside corporate limits, write IQUIAL and give street) C. CITY OR JOWN (If outside corporate limits, write IQUIAL and give street)
LACE OF DEATH: altimore City, Maryland ULL NAME OF (If not in hospital or institution, give street address or location) FITAL OR TITUTION 4. USUAL RESIDENCE (Where deceased lived. If institution; residence a. STATE B. COUNTY hefore admission C. CITY OR JOWN (If outside corporate limits, write IGURAL and give street)
ULL NAME OF (If not in hospital or institution, give street address or location) FITAL OR TITUTION (If outside corporate limits, write ICUIAL and give street) C. CITY OR JOWN (If outside corporate limits, write ICUIAL and give street)
TITUTION (If outside corporate limits, write fibright and gri
2306 N. CHARLES St. DALL, MORE
Yrs. D. STREET ADDRESS (If rural, give location)
length of stay in Baltimore 4 Months. Days 230 6 N. CHARLES SI.
6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years 1 Under I Year 1 Under I Year I
CHALE While MARRIED NOV. 9, 1897 55
USUAL OCCUPATION (Give kind of one during most of working life, oven if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
BUYER VEPT. STORE. GEORGIA U.S.H.
FATHER'S NAME, 14. MOTHER'S MAIDEN NAME
Christian Dusk ()LgA
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 17. INFORMANT ADDRESS
VO NONE 238-16-6189 MRS. BUSK 2306 N. CHARLES ST.
8. HIOX INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.) DUE TO Corollary arthres oc/9705'5
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING (B) MUNICULAR SELECTION OF STREET OF
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UNDERLYING CONDITION LAST. (C)
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OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Wild Cougestive feart failure 3 mos
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TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21 ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
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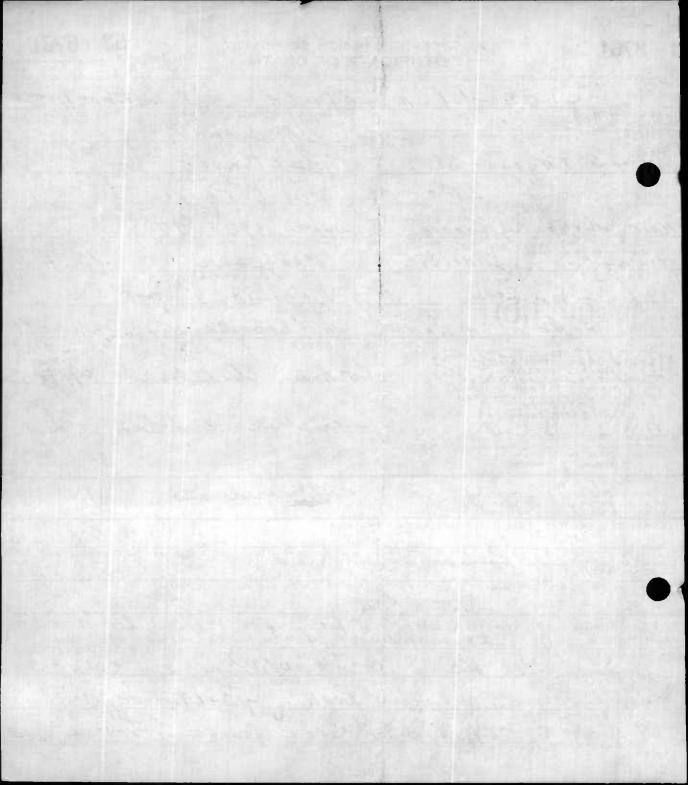


-153 3 8761

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8761

TH NO.	0		SERTIFICAT	E OF DEATH	8	
NAME OF D pe or Print)	ECEASED	A V.	ILLA L	A Boute	2. DATE OF DEATH OR	tober 1, 1953
PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, I	If institution: residence before admission)
ULL NAME		al or institution	n, give street address o	MARYLA		6 7
FPITAL OR	· 0 D		location	c. CITY OR TOWN	If outside corporate lim	its write RURAL and give
1414	1. JAY.	son	57.		ORE L	Contraction of the contraction o
	9	, .	Yrs. Mos.	D. STREET ADDRESS	If rural, give location)	-4
length of s	tay in Baltimore		Days	1 414 5.1	PAY SON	
550	6. COLOR OR RACE	7. SINGLE,	MARRIED. ED. DIVORGED (Specif)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours In the Index 24 Hours Min.
MALE	While		PIEd.	NUNEIL, 1876	77	
	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
FF64 SE	WIFE		estic.	MARYLAU	rd	4. S. A.
FATHER'S N	NAME	1		14. MOTHER'S MAIDEN	NAME	
1	ohn Hin	TON		VIRGINIA	COOPEN	0
WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
V.	NONE	s of service)	NONE	WM. F. LABON	te mus	PAUSON ST.
18. //-				OF DEATH	2.70	INTERVAL BETWEEN
42	SE OR CONDITION	DIPECTIV	GALOSE	OI BEATH		ONSET AND DEATH
	LEADING TO DEAT	TH	- /	oroney Ch	. 0-	0/1/4-
heart failu	re, asthenia, etc. It mea	ns the disease		ounty ou	Control Control	1.1.1.5.2.
injury or	complication which	aused death.	DUE TO			
	ANTECEDENT CAUS	SES		c 0. 0	- 10	
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RISE TO T	HE ABOVE CAUSE (A)	STATING THE				
UNDERLY	ING CONDITION LA	ST.	(C)	***************************************		
OTHER S	II IGNIFICANT CONDI	TIONS CON		arterion !	doris	
TRIBUTING	TO THE DEATH, BUT	NOT RELATED		Para		
			FINDINGS OF OPE	RATION	***************************************	1 20. AUTOPSY?
	0					YES NO 4
21A. ACCID	ENT WAS UNDER-		CE OF INJURY (. g.		(If in Baltimore City,	
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	y certify that I att					Sthat I last saw the
deceased a	live on for	_, 19 5 3, 0	and that death occu		the causes and on	the date stated above
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N. REMOVAL (&		2	1 1 1	011	LOCATION (City, tow	n, or county) (State)
BURI	AL 10-5-	53	Loydon	TARK 17/2	PA QTIMOR	
TE RECEIVE		SSIGNATU	RE _ T	25. FUNERAL DIRECTOR		ADDRESS
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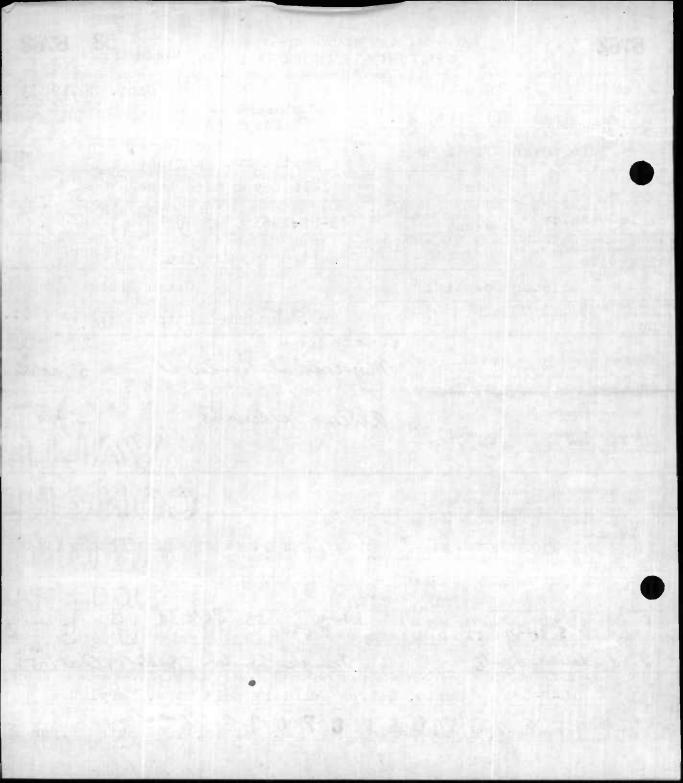


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8762

of Sept. 30,1953 NAME OF DECEASED 2. DATE Amelia Hecht pe or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence LACE OF DEATH: Baltimore City, Maryland Baltimore. Md. before admission) B. COUNTY Maryland (If not in hospital or institution, give street address or ULL NAME OF location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN TITUTION 3615 Seven Mile Lane Baltimore, Maryland D. STREET ADDRESS (If rural, give location) Yrs. life Mos 3615 Seven Mile Lane ength of stay in Baltimore Days 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) white emale 8-22-1861 widow 11. BIRTHPLACE (State or foreign country) . USUAL OCCUPATION (Give kind of | 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRYS lone during most of working life, even if retired) INDUSTRY Baltimore, Maryland housewife FATHER'S NAME 14. MOTHER'S MAIDEN NAME Solomon Doeplitz Clara Block WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Rochester SECURITY NO. Mrs. Abraham Blattner Apt. no NTERVAL BETWEEN CAUSE OF DEATH 10.0 ONSET AND DEATH (A) Myraided failure
UE TO
(B) arteur - o clevris DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION none 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 1953 to Jeft 30 , 1953, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on Feft 19 13 and that death occurred at 830 am. from the causes and on the date stated above. 238. ADDRESS 23C. DATE SIGNED 23A. SIGNATURE Frederick Les A. BURIAL, CREMA-24B. DATE Balto. Hebrew Cemetery Baltimore, Maryland urial 10-2-53 25. FUNERAL DIRECTOR TE RECEIVED BY REGISTRAR'S SIGNATURE REGISTRAR



NAME OF DECEASED

PLACE OF DEATH: Baltimore City, Maryland

EDWARD A. SERP gr.

FULL NAME OF (If not in hospital or institution, give street address or

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

before admission)

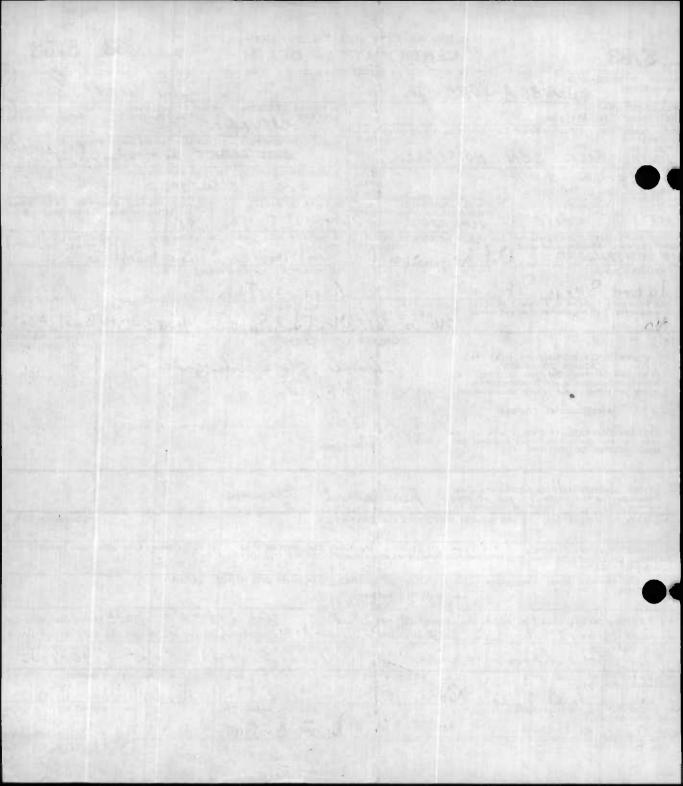
2. DATE OF

DEATH

4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY

MALYLAND

SPITAL OR STITUTION			location)	C. CITY OR TOWN	(If outside corporate limits, v	vrite RURAL and give
30414	BALTU. GEN	V. HOSPITAL		BALL	TO TO TO TO TO TO	YX 25
811.	CE BIRTI	4	Yrs. Mos.		(If rural, give location)	-13
Length of s	tay in Baltimore		Days	4/02	5-15 St.	4
SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCEI	D (Specify)	8. DATE OF BIRTH	9. AGE (in years if the	ler I Year If Under 24 Hours is Days Hours Min.
ALE	WHITE	MARKIGO		AUGUST 8, 19	05 48	
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pe regn ?	ENDENT	O. Kefinery		Baltimore	, Maryland	U.S.
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Edward	Serp 3	r.	2011	ANNA SVITA	K	
, was DECEASI	D EVER IN U. S. ARMEI			17. INFORMANT	ADD	RESS
No	(x) you, give war or date	a of service) alb-05-		Mrs. Ed. A. Ser	p. Jr. 4102 5 th St.	B4/10#35
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	ING CONDITION LA	AST.	100	000		
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		tended the deceased fro	m /-	7 - , 1983,	10-1-, 1953	that I last saw the
	live on 10 - 1	_, 1953_, and that dea			rom the causes and on the	
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	CREMA- 248. DATE	// 24c. NAME OF		Y OR CREMATORY 2	40 LOCATION (City, town, or	county) (State)
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BIE	RTH NO.			CERTIFICATI	E OF DEA	TH	Registered No.	0/01
1.	NAME OF D pe or Print)	ABRAHA	и І	ASKIN			OF GEATH 9-30	D-1953.
	PLACE OF D Baltimore (4. USUAL RESI	DENCE (Where d	leceased lived. If ins B. COUNTY	stitution: residence before admission)
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11/	0001	4 44071	KININ	Yrs.		RESS. (if rural,	give location)	
c.	Length of s	tay in Baltimore		Mos. Days	3514	LABY	RINTH	Rd
-	SEX	6. COLOR OR RACE		MARRIED.	8. DATE OF BIR	TH 9. A	GE (In years) I Un	der I Year II Under 24 Hours hs; Days Hours Min.
1	9LE	WhITE	Ma	RRIED (Specify)	OCT. 15,	1890	62	as Days Hours Min.
		CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLXCI	(State or foreign	country) 1;	2. CITIZEN OF WHAT COUNTRY?
	MERCH		1 2 3 4 -6 -	RWEAR	Bar	TO MI)		
13.	FATHER'S	IAME	fo .	114	14. MOTHER'S	MAIDEN NAME		
		OSEPH	H SKII	N	ESTH	ER		
(Yes	mo or unknown)	D EVER IN U, S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		CADE	DRESS
					Edgar	ASKIN-	591	1E
	18. //	7× 1	11577	CAUSE	OF DEATH	1		ONSET AND DEATH
		LEADING TO DEA	TH	lare	listans a	1 h Berly	lm.	Ful 1953
	heart failu	not mean the mode re, asthenia, etc. It me	ans the diseas	e,		10000		
	injury or	complication which	caused death	.) OUE TO				
-		ANTECEDENT CAU	SES	(9)				
Ö		OR CONDITIONS,		1G		***************************************	***************************************	
AT		ING CONDITION L		(C)		>		
임				(0)				
RTIFICATION	OTHER SIG	NIFICANT CONDITIONS	CONTRIBU	JTING				
CEF		R CONDITION CAUSIN		THE				
	190 BATE.S	1952 111	WAS PERFO	TION FOR WHICH OF	PERATION		WAS RELATED TO	20. AUTOPSY?
36	ZAA ACCIDI	110 2	carcen	PLACE OF INJURY	e a in orl 210 WH	PART I OR PA		ive exact location)
MEDIC	OR CONTRIB	BUTING CAUSE O	F about	home, farm, factory, street, office	bldg.,etc.) INJURY	OCCUR?		
-	210. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURRI		W DID INJURY	OCCUR?	
		3	m.	WORK AT WOR	K/L	- (-)		
	22. I hereb	y certify that I at	tended the	deceased from_d	uh. , 19	53, to Sat	30 , 195 5	that I last saw the
	deceased a	live on 341, 29	, 195 3.	and that death occur	rred at 12 not	m., from the ca	uses and on the	
	23A. SIGNA	TURE WALL	thou	· .	23B. ADDRESS	Low slow		23c. DATE SIGNED
24	ABURIAL,	CREMA- 24B. DATE	0.0	24c. NAME OF CEMETE	/	RY 240. LOCAT	ION (City, town, o	récounty) (State)
TYC	N. REMOVAL (S	10-4-	1953	Cheb SI	19LOM		9250	MD
	TE RECEIVE		's SIGNATI	Elleavie M	25. FUNERAL DE	or In-	2100 8	waw PL.
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White bentons PC

NAME OF DECEASED pe or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8765

OF 10-1-53.

2. DATE.

PLACE OF E Baltimore	City, Maryland	Ball	limore	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE STATE B. COUNTY before admission
ULL NAME SPITAL OR			on, give street address or location)	201
STITUTION	Fran Klin	Squa	ne Hospital	C. CITY OR TOWN (If outside corporal limit, write RURAL and give Ballimore township
Length of s	stay in Baltimore		Yrs. Mos. Days	5025 Chalgrove all.
SEXU	6. COLOR OR RACE	WIDQWI	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year If Under I Year Months Days Hours Min.
done dyping most	CCUPATION (Give kind of of working life, even if retired)	Jurs	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY O. S. C.
FATHER'S	NAME UNU N.	Pale	en A	14. MOTHER'S MAIDEN NAME Rosenblatts
	ED EVER IN U. S. ARMED	1010		
, no or unknown)	(If yes, give war or dates	of service)	214-07-6283	Lellian Cohen - same
18. 4	L v .		CAUSE	OF DEATH
DISEA	SE OR CONDITION	DIRECTLY	h	ONSET AND DEATH
heart failt	LEADING TO DEAT s not mean the mode o ure, asthenia, etc. It mean complication which c	f dying, e.g. ns the disease		elumatic heart disease.
711,417 01	ANTECEDENT CAUS			00810
DICEACE	S OB CONDIZIONS	·	(B) Ceri	ebral Embolion.
RISE TO T	S OR CONDITIONS, IF	STATING TH	E DUE TO	
ONDERL	YING CONDITION LA	51.	(C)	
	11			
TRIBUTIN	SIGNIFICANT CONDITION G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE!	D	
			FINDINGS OF OPER	ATION 20. AUTOPSY?
	2			YES TO NO T
	DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in treet, office bldg., e	
	(Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
URY			HILE AT NOT WHILE	
22 I horol	by certify that I att		0	-21 , 1953 to 16-1 , 1953 that I last saw th
				red at 3, m., from the causes and on the date stated above
23A. SIGNA	TURE	, 10 4 - 0		38. ADDRESS 23c. DATE SIGNED
	00) to	wn	ull M.D.	franki Sakare Hospital 90-153
A. BURIAL.	Specify)		4C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burry	10-4-19		Wach	org.
ATE RECEIVE		SSIGNATU	Hans Ma	25. FUNERAL DIRECTOR ADDRESS LEWIS Due - 2100 Euteur PL
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CERTIFICATE OF DEATH

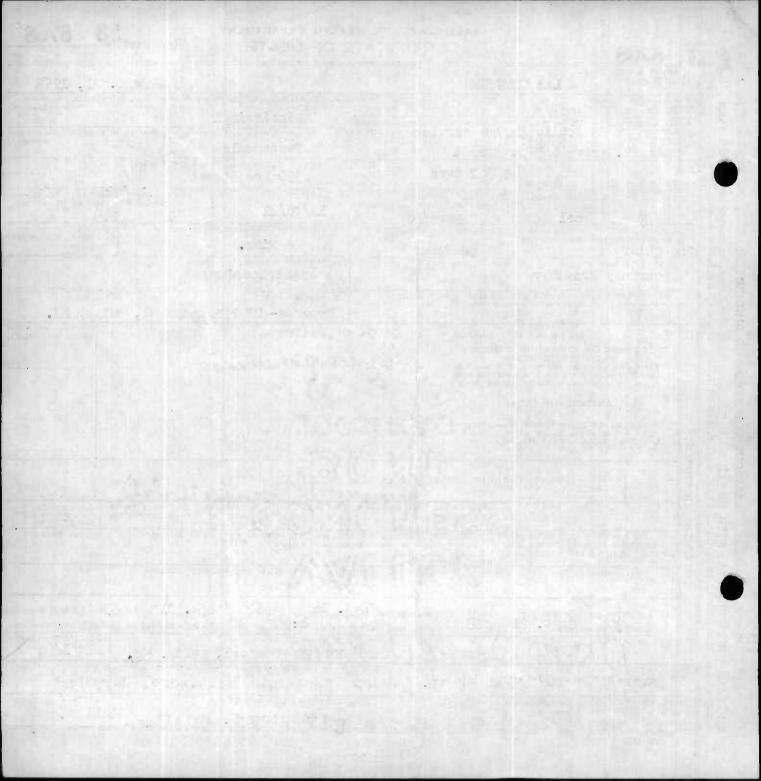
Registered No. 8767

BIRTH NO.	E OI DEMIII
1. NAME OF DECEASED (Type or Print) Margaret Alston	2. DATE OF 9-27-53 DEATH
S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) INSTITUTION 4940 Eastern, Ave	Baltimore (township)
c. Length of stay in Baltimore 27 yrs Mos. Days	D. STREET ADDRESS (If rural, give location) 1705 Westwood, Ave Zone 17
Ferale 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 11, 1880 9. AGE (In years In Under 1 Year Months Days Hours Min. 72
10A. USUAL OCCUPATION (Give kind of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Johns	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS B. C. I. 4940 Bastern, Ave
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	ri Vesculer Accident
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED VALUE OF OPERATION 21A ACCIDENT WAS LINDED VINCE OF DEATH OF OPERATION	CAUSE OF DEATH, ENTER IN YES NE
OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
deceased alive on 9-27, 19 53, and that death occur 23A. SIGNATURE LA JULIU JULIUM M.D. 24A. BURIAL, CREMA- TION REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	rred at \$:38p m., from the causes and on the date stated above. 23s. ADDRESS 940 Eastern, & 9-27-53
DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR	25 FUNERAL DIRECTOR SON I TO BURESS

ACADOMINA OF SERVICES and the second colonia and the Stablish to Indian Indiana Bindered Mayer SHILL Include Section 2000

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MARGIN RESERVED FOR BINDING	ITE PLAKLY, WITH UNFADING INK. Every item of information should be fully supplied.	s especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN 1	UNFADING	Physicians: 1
	PLAMLY, WITH	ecially important.
tGB	ITE	dsa s

क्य 5	BEIRTH STORE CITY HE CERTIFICATE		8768
	1. NAME OF DECEASED (Type or Print) LEE CROWTHER	2. DATE OF DEATH Sept. 2	
supplied	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Public Health Service location)	4. USUAL RESIDENCE (Where deceased lived. If instit A. STATE B. COUNTY Mississippi	tution : residence before admission
lly	Wyman Pk. Drive & 31st Street	Pascagoula /	ite RURAL and giv township
legrib	c. Length of stay in Baltimore ? 342 days Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 350 Lee Street	
uld be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M col Married	8. DATE OF BIRTH 9. AGE (In years last birthday) Months	Days Hours Min.
on should be furcher in clearly and legibly.	10A. USUAL OCCUPATION (Give kind of work done during moet of working life, even if retired) 2nd Chief Seafarer		CITIZEN OF WHAT COUNTRY USA
information s of death cl	Monroney Crowth er	14. MOTHER'S MAIDEN NAME Beatrice Jones	
f info	15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) ?	Records- US PHS Hospital, Balt	
INK. Every item of in please write the causes	771X	chop recemma	ONSET AND DEAT
WITH UNFADING rtant. Physicians: p	OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (C.)	CAUSE OF OBATH. ENTER IN PART I OR PART II e. g., In or 2 ic. WHERE DID (If in Baltimore City, give	20. AUTOPSY7 YES NO exact location)
LY, impo	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour) OF INJURY OF INJURY MILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?	
PLEASE WRITE PLANCOURCE age is especially	22. I hereby certify that I attended the deceased from Ocideceased alive on Sept. 21 19 53, and that death occur 23A. SIGNAPR - WCO orall M.D.	t. 11, 1952 to Sept. 21, 1953th rred at 1:45Pm., from the causes and on the decays. ADDRESS US PHS Hospital, Balto, Md.	10/1/5 3
LEASE rrect ag	DATE RECEIVED BY REGISTRAR'S SIGNATURE	Cemetery Baltimore, Mary 25. FUNERAL DIRECTOR AD	land
4 00	VS 150	Artington S. Phillips 1808	N.

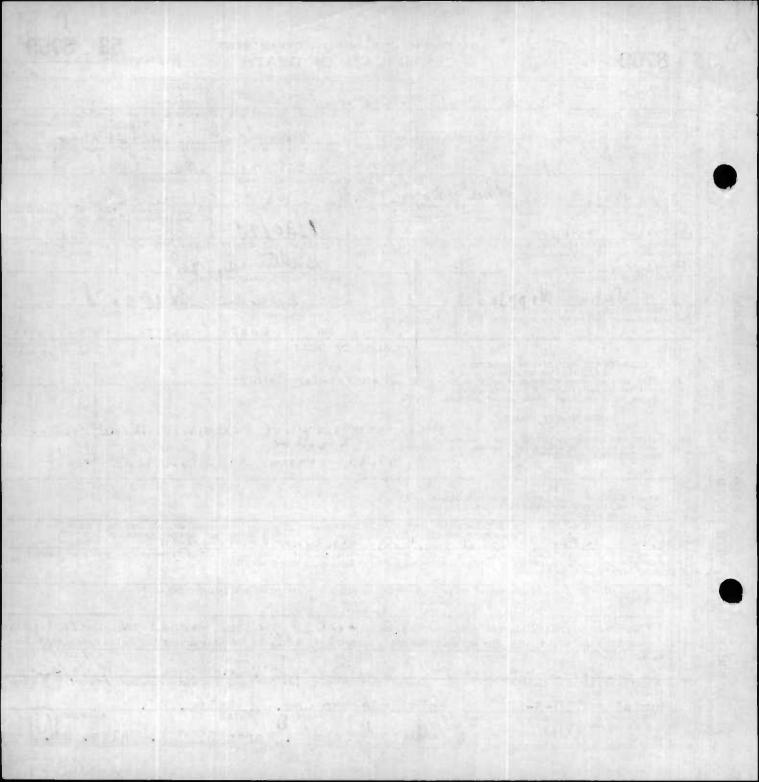


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	BALTIMORE CITY HEALTH DEPARTMENT
8769	CERTIFICATE OF DEATH

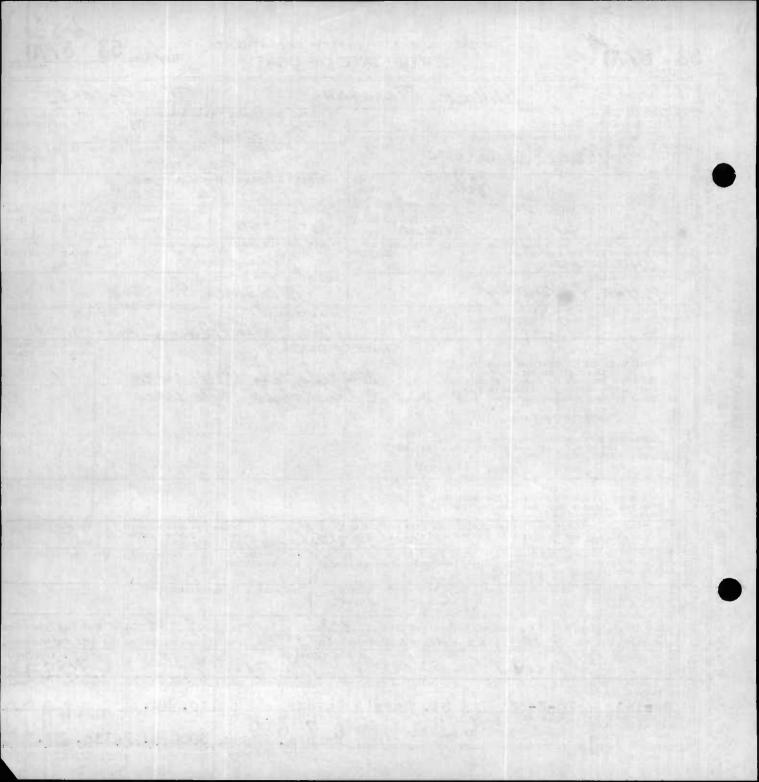
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Registered No	0/03
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1. NAME OF DECEASED Su & C	· Eliza	beth	2. DATE OF DEATH	9-30-53
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE		
HOSPITAL OR	titution, give street address or location)	C. CITY OR TOWN	If outside corporate li	imits, write RURAL and give
INSTITUTION NEVEY 705	Pilal	Baltimons	-1 0	township)
	Yrs.	D. STREET ADDRESS () .
c. Length of stay in Baltimore Wha	ole Life Mos. Days	1208 N.	Patomac	
	GLE MARRIED.	8. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min.
temole white		1/30/98	55	
work done during most of working life, even if retired)	(IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		Gallenge.	ma	
Tal	31 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S	14. MOTHER'S MAIDEN	NAME	1
15. WAS DECEASED EVER IN U. S. ARMED FORCE	S? 16. SOCIAL	Jues.	SIVIPI	ord
(Yes, no or unknown) (If yes, give war or dates of service	SECURITY NO.	17. INFORMANT		ADDRESS ST.
	1 1		SUFSS SR	1208 M. POTOMAC
18. 170X		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT		rasular failure		
heart failure, asthonia, etc. It means the disease,				
injury or complication which caused	leath.) DUE TO			
Z ANTECEDENT CAUSES (B) LIVER + Generalized Abdeminal Mutactuses dept 53				
O DISEASES OR CONDITIONS, IF ANY, GIVING				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
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ILM TO THE DEATH BUT NOT RELATED	TO THE			
DISEASE OR CONDITION CAUSING IT.	NDITION FOR WHICH OF	PERATION IF OPE	RATION WAS RELATE	D TO 20, AUTOPSY?
WAS PE	RFORMED .	CAUSE CAUSE	OF DEATH, ENTER	
21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (e.g., in or 21c. WHERE DID (if in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?				
□ DEATH (NOTIFY MEDICAL EXAMINER)				
21D TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRE	ED 21F, HOW DID 1	NJURY OCCUR?	
OF INJURY WHILE AT NOT WHILE M. WORK AT WORK				
22. I hereby certify that I attended the deceased from 1953, to Sept 30, 1963, that I last saw the				
deceased alive on 1913, and that death occurred at 65% m., from the causes and on the date stated above.				
23A. SIGNATURE		3B. ADDRESS		230. DATE SIGNED
24a BURNAL CREMA- 24B DATE	M. D.	1 -0 -1 0 11 00 00	LOCATION (City, to	own, recount (State)
24A. BURFAL, CREMA- TION, REMOVAL (Specify)		12		(Dente)
Burial 10-3-53 Holy Redeemer Cem. Balto. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS				
LOCAL REGISTRAR				
0012 333	. I Ann Thomas Jan M.	Ter Moran	3000 E. B	arro, pr.
VS 150		14. /107.00		



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1		J. S.
	PLEASE WRITE PLAIN, WITH UNFADING INK. Every item of information should be callly supplied. T	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
2	INK.	please
	UNFADING	Physicians:
	Y, WITH	mportant.
	WRITE PLAD	e is especially i
	PLEASE	correct ag

F452				
3 8770 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 8770				
1. NAME OF DECEASED (Type or Print) William Flanay	2. DATE OF DEATH 9-30-53			
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or	C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
INSTITUTION Mercy Hospital Une.	Balliniae 77 - (township)			
c. Length of stay in Baltimore Life Yrs. Mos. Days	D. STREET ADDRESS (If rurai, give location) 4604 York Road			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 6-30-04 9. AGE (In years if Under I Year Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
2 Edward Bowny	Margaret Downey			
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Mrs agnes Hanagen 4604 York RA			
18. /62 X CAUSE	OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,				
injury or complication which caused death.) DUE TO C NORTH ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
<u>[C]</u>				
OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY? WAS PERFORMED CAUSE OF DEATH, ENTER IN TO THE PROPERTY OF THE PROPERTY O				
PART I OR PART II VES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) DEATH (NOTIFY MEDICAL EXAMINER) PART I OR PART II VES NO 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?				
210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHI				
m. work AT WORK				
22. I hereby certify that I attended the deceased from $9-2/$, $195/$, to $9-30$, $195/$, that I last saw the deceased alive on $9-30$, $195/$, and that death occurred at $9-0$ m., from the causes and on the date stated above.				
	23B. ADDRESS Hospital 23c. DATE SIGNED 4-30-53			
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
Burial 10-3-53 St. Mary's Govans Balto. Md. Date received by Registrar's Signature 25. Funeral Director Address				
OCT 2 - 1052 Tuntingion Villeuit, My Sonn A. Moran 3000 E. Balto. St.				
VS 150	por HE Lewis			



VS 150

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5	3	8771 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 8771
	1.	NAME OF DECEASED SUCY MATI Clabb 2. DATE OF DEATH OCT 11953
	Α.	PLACE OF DEATH: Baltimore City, Maryland 4 USUAL RESIDENCE (Where deceased lived, If institution: residence before a mission)
	HC	FULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR STITUTION C. CITY OR TOWN (If outside corporated in the composition of the composition) township)
legibly.	0-	SHOTION 4204 Greenway Yrs. D. STREET ADDRESS (If rural, give location) Physics D. STREET ADDRESS (If rural, give location) Physics D. STREET ADDRESS (If rural, give location) Physics D. STREET ADDRESS (If rural, give location)
and le		Length of stay in Baltimore Days D
clearly		A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) WHAT CHUNTRY?
death cl	13	FATHER'S NAME + Of 14. MOTHER'S MAIRIN NAME
ot de	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, BOCAL 17 DEGRMANT ADDRESS SECURITY NO. 17 DEGRMANT ADDRESS
causes		18. 33/X CAUSE OF DEATH
the		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
e write		ANTECEDENT CAUSES (B) Continuo Schurin ? 45
Physicians: please	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)
cians	RTIFIC	11
Physi	CER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	AL	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN YES NO
important.	IEDIC,	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (e. g., in or obout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.)
A	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK
especiall		22. I hereby certify that I attended the deceased from 19/9/46, 19, to 10/1/3-3, 19, that I last saw the deceased alive on 9/30/53, 19, and that death occurred at 4 m., from the causes and on the date stated above.
13		23A. SIGNATURE 23B. ADDRESS 23C. DATE, SIGNED
t age	III	4A. BURIAL, CREMA 24B. DATE 24C NAME OF CEMEPERY OR CREMATORY 24B. DATE (State)
correct		ATE RECEIVED BY REGISTRAR'S SIGNATURE 25/FANERAL DIRECTOR ADDRESS OCAL REGISTRAR
	=	NO 150

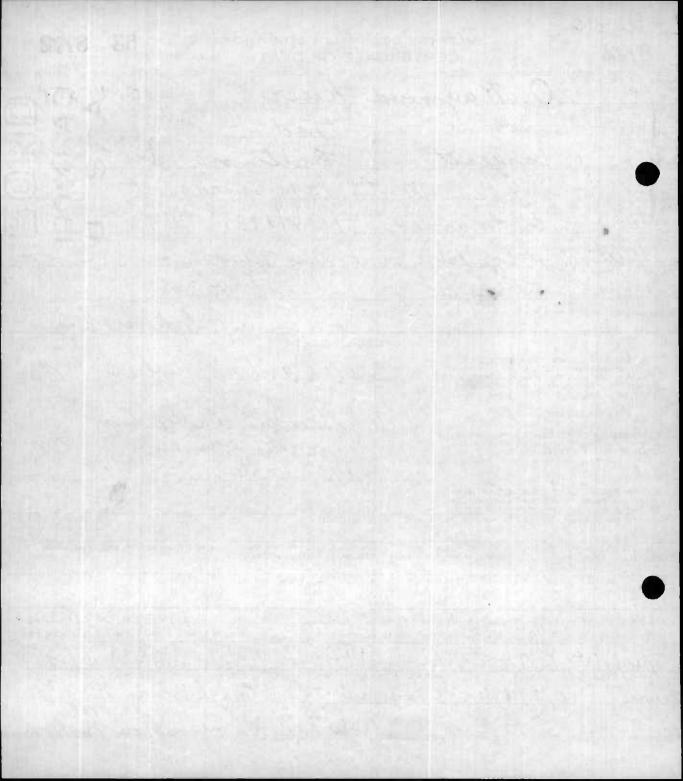
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8772 TH NO.	
NAME OF DECEASED pe or Print)	(

CERTIFICATE OF DEATH

Registered Ro. 8772

pe or Print)	-Bau	mond	Pinon.	OF DEATH /0 //	153
PLACE OF DEATH:	- crug	mome	4. USUAL RESIDENCE (W		titution: residence
Baltimore City, Maryland			ASTATE	B. COUNTY	before admission)
SPITAL OR	al or institution,	give strect address or location)		outside corporate limits, w	rite RUEAL and sive
TITUTION 3/D	rdeans	1	Rott	0 11-	township)
13/0 300	gran	Yrs.	o. STREET ADDRESSA (If r	ural, give location).	
Length of stay in Baltimore		4/7 Mos.	11	geant	
6. COLOR OR RACE	WIDOWED	DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Month	B Days Hours Min.
USUAL OCCUPATION (Give kind of	I 10B. KIND OF	F BUSINESS OR	11. BIRTHPLACE (State or for	reign country 12	. CITIZEN OF
one during moved working life, even if retired	Envita	Le Trustry	-wat Dira	i as i A	WHAT COUNTRY?
FATHER'S NAME	Dine	a pung	14. MOTHER'S MAIDEN NA	ME	
Denne I	PIELON		Sand Ch	inen	
WAS DECEASED EXER IN U. S. ARME	D FORCES? 1	6. SOCIAL	17. INFORMANT	· · ADD	RESS 7 10 ST
no or unknown) If yes, give war or date	es of service)	SECURITY NO.	Thank Frances	J P 1000	pos a cont
	,	CALLET	Ma panaes	a, our	INTERVAL BETWEEN
18. 427.11		CAUSE	OF DEATH	1 1	ONSET AND DEATH
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(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	ans the disease,	OUE TO	AN VIUM	Ju wa	1614
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ANTECEDENT CAC	525	(B) (B)	010 Dellevol	u Cardia	-
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	STATING THE	OUE TO 2	Pascular Dr	secin	5 yr
		(6) 77	1 almerchon		
OTHER SIGNIFICANT COND	ITIONS CON-		1200-100-001-11		
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED				
19A. DATE OF OPERATION	19B. MAJOR FI	NDINGS OF OPER	RATION		20. AUTOPSY?
	1			i - D. Hi - Citi -	YES NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		OF INJURY (e. g., i factory, street, office bldg.,		in Baltimore City, give	exact location)
ME (Month) (Day) (Year OF		INJURY OCCURR		OCCUR?	
		NOT WHILE			
22. I hereby certify that I at	tended the de	ceased from	// 19 to /	B / 1 1953t	hat I last saw the
decresed alive on 1911	60	d that death occur	11	re causes and on the	date stated above.
23A. SIGNATURE	1/		3B. ADDRESS		3c. DATE SIGNED
Tough 7.La	uscar	727 M.D.	(o) G Washings	on Brul	10/2/53
A. BURIAL CREMA- 24B. DATE	/ 240	NAME OF CEMETE	RY OR CREMATORY 240 LC	CATION (City, town, or	county) (State)
Burial 10/51	53	1 Losep	h bem Mar	tensburg 1	Ma.
TE RECEIVED BY REGISTRAR	'S SIGNATURE	V	35. FUNERAL DIRECTOR	A A	00 55 / ST
OCT 2 - 10C4	the In I	19:00	John 4 Lor	van Hou-	Hollins.
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	9	0	390 71		
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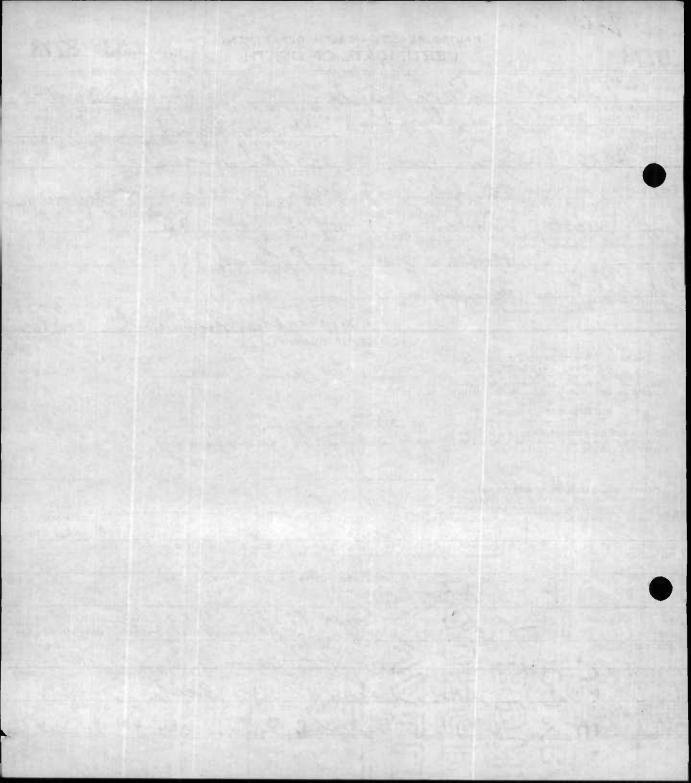


1-520

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered 543 8773

IRTH NO.3	CERTIFICATI	E OF DEATH	Registered-No.	
NAME OF DECEASED Type or Print)	Lanieum	le.	2. DATE OF DEATH SELF	30 /803
PLACE OF DEATH: Baltimore City, Maryland	maryland	4. USUAL RESIDENCE (WIN		tution: residence before admission)
FULL NAME OF (If not in bespite OSPITAL OR ISTITUTION	al or institution, give street address or location)		utside corporațe limits, wi	ite RURAL and give township)
2032 East	ern and Yrs.	D. STREET ADDRESS (If re	iral, give location)	*
Length of stay in Baltimore	15 years Mos. Days	2032 Easte	en and	
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday) 7 3 Months	Davs Hours Min.
A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 12.	CITIZEN OF WHAT COUNTRY?
FATHER'S NAME	House work	14. MOTHER'S MAIDEN NAM	ME 1	
adalbert o	Filipials		,	8
6. WAS DECEASED EVER IN U.S. ARMED 6, no or unknown) (If yes, give war or dates	of service 16. SOCIAL SECURITY NO.	17, INFORMANT	ADDR	ESS 2032
18. 33/X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION I	H	2 1 16		16 days
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca	ns the disease,	12 - Word fin Stratherland Ann Beland Court for Anti-		
ANTECEDENT CAUS	ES			-
DISEASES OR CONDITIONS, IF	STATING THE DUE TO CLARA	Tis sleep		
UNDERLYING CONDITION LAS	ьт. —			
OTHER SIGNIFICANT CONDI	(C)			
TRIBUTING TO THE DEATH, BUT I	NOT RELATED			
19a. DATE OF OPERATION	B. MAJOR FINDINGS OF OPER			20. AUTOPSY?
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., in about bome, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	exact location)
Z TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I atte	m. WORK L AT WORK L	20, 1953, to Se	fr 30, 195), th	at I last saw the
deceased alive on Sept 30	7, 1952. and that death occur	red at 210 pm., from the	c causes and on the d	ate stated above.
23A. SIGNATURE	12 M. O. 1	4 H Statlern (9	The Am	10/1/53
4A. BURIAL, CREMA- ON, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town, or e	
ATE RECEIVED BY REGISTRAR'S	SSIGNATURE KORAN	TO FUNERAL DIRECTOR		DRESS
OCT 2 - 199	- 14/15 miss No	John 7.780	eles 401)	1, Chester
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BALTIMORE CITY HEALTH DEPARTMENT

P		s Pierina Q				-30- 53			
A. I	8. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or				4. USUAL RESID	DENCE (WI	nere deceased lives. COUNT		ution : residence before admission
HO	HOSPITAL OR INSTITUTION Baltimore City Hospitals location) 4946 Eastern Ave.			c. CITY OR TOWN (If outside corpores limits wite RORA Baltimore			te RORAL and i		
c.]	tength of	stay in Baltimo	re	49 yrs. Mo	08.	eler Av		on)	
	rale	6. COLOR OR R.	ACE 7. SINGL	LE. MARRIED. WED, DIVORCED (Spec MARTIES	8. DATE OF BIRT		9. AGE (In yea last hirthday	Months	Days Hours Mir
		CCUPATION (Give) of working life, even if re		ID OF BUSINESS OR INDUST		(State or for	eign country)	12.0	WHAT COUNTR
13.	FATHER'S	NAME Se Bornilas	Ruvo	lazzo	14. MOTHER'S M		ME		
15. (Yes,	WAS DECEAS	ED EVER IN U. S. A (If yes, give war o	ARMED FORCES? or dates of service)	16. SOCIAL SECURITY NO	B. C. H.	4940 Es	astern Av	ADDRI	SS
	18. 4-	vo.o as	WE 9	gor. 7 CAUS	E OF DEATH				NTERVAL BETWEE
	DISEA (This doe heart fail injury or	SE OR CONDITI LEADING TO s not mean the m ure, asthenia, etc. I complication wh	DEATH tode of dying, e. t means the diseatich caused deat	g., (A)	E OF DEATH ngestive Wear teriesclereti		re bt Diseas		
CATION	DISEASE	SE OR CONDITI LEADING TO s not mean the m ure, asthenia, etc. I complication wh	DEATH lode of dying, e. t means the dises ich caused deat CAUSES NS, IF ANY, GIVI (A) STATING I	g., (A) Coase, (b.) Due to	ngestive Hear teriesclereti			•	6 days
ERŤIFICATION	DISEASE RISE TO UNDERL	SE OR CONDITI LEADING TO s not mean the m ure, asthenia, etc. I complication wh ANTECEDENT (SOR CONDITION THE ABOVE CAUSE	DEATH ode of dying, e. t means the dises ich caused deat CAUSES NS, IF ANY, GIVI (A) STATING TO N LAST.	(B) AT	ngestive Hear teriesclereti	• Head	t Diseas	e CATION	6 days
CERTIFICATION	DISEASE RISE TO UNDERL	SE OR CONDITI LEADING TO s not mean the m ure, asthenia, etc. I complication wh ANTECEDENT (SOR CONDITION THE ABOVE CAUSE YING CONDITION DEATH BUT N	DEATH code of dying, e. t means the dises ich caused deat CAUSES NS. IF ANY, GIVI. (A) STATING TO LAST. FIONS CONTRIB. OUT RELATED TO LUSING IT. 198. CONE WAS PERF	(B) AT (B) (B) (C) (C) (DITION FOR WHICH ORMED	teriosclereti	enurs IF OPERAT CAUSE OF PART I OF	CERTIFIC	CATION ASS.	PPROVED BY CALCAMINER.
EDICAL CERTIFICATION	DISEASE RISE TO THE DISEASE 19A. DATE OR CONTRI	SE OR CONDITION LEADING TO SOME MANTECEDENT OF THE ABOVE CAUSE YING CONDITION GNIFICANT CONDITION GNIFICANT CONDITION DEATH BUT NO DR CONDITION CAN	DEATH order of dying, e. t means the disease ich caused deat CAUSES NS. IF ANY, GIVE (A) STATING TO N LAST. TIONS CONTRIE TO RELATED TO USING IT. 198. CONE WAS PERF	(B) SUTING TO THE DITION FOR WHICH ORMED	teriesclereti OPERATION (e.g., in or 21c. WHE	IF OPERAT CAUSE OF PART I OF ERE DID (I	CERTIFIC CER	CATION ASS. TED TO SER IN City, give	PPROVED BY CALCAMINER. 20. AUTOPSY? VES NATE EXACT location)
MEDICAL CERTIFICATION	OTHER SITO THE DISEASE 19A. DATE OR CONTRIDEATH (NO	SE OR CONDITION LEADING TO SON MEAN TO SON	DEATH order of dying, e. t means the dises ich caused deat CAUSES NS. IF ANY, GIV. (A) STATING TO N LAST. TIONS CONTRIB OT RELATED TO USING IT. 198. CONE WAS PERF RLYING 21 BE OF MINER) Year) (Hour)	BUTING TO THE PROPERTY OF THE LAST CONTROL OF	teriesclereti teriesclereti OPERATION Y (e. g., in or 21c. WHE file. bidg., etc.) RRED P21F. HOW	IF OPERATIONS OF PART I OF CAUSE OF TAXABLE OF TAXA	CERTIFIC CER	CATION AND TEO TO TER IN City, give	PPROVED BY CO. AUTOPSY? VES N. N. L. exact location)
MEDICAL CERTIFICATION	OTHER SITO THE DISEASE 19A. DATE OF CONTRIDEATH (NO 21D TIME OF INJURY 22. I here.	SE OR CONDITI LEADING TO SO TO MEAN THE ME UTE, ASTREMENT OF SOR CONDITION THE ABOVE CAUSE YING CONDITION THE ABOVE CAUSE YING CONDITION THE ABOVE CAUSE YING CONDITION TO PERATION TO PER	DEATH order of dying, e. t means the dises ich caused deat CAUSES NS. IF ANY, GIV. (A) STATING TO N LAST. TIONS CONTRIB OT RELATED TO USING IT. 198. CONE WAS PERF RLYING 121 BE OF MMINER) Year) (Hour) 1953 In attended the	BUTING THE DUE TO (B) BUTING TO THE COLUMN BUTING TO THE COLUMN BUTING TO THE COLUMN BUTING TO THE COLUMN COLUMN BUTING TO THE COLUMN COL	teriesclereti OPERATION Y (e. g., in or 21c. WHE INJURY (RRED WHILE NORK	IF OPERATIONS OF PART I OF PART I OF PART I OF THE DID (I) OCCUR?	CERTIFIC CER	CATION AND TED TO TER IN City, give THE AVE 19 53h on the do	PPROVED BY CO. AUTOPSY? VES N. N. L. exact location) at I last saw t

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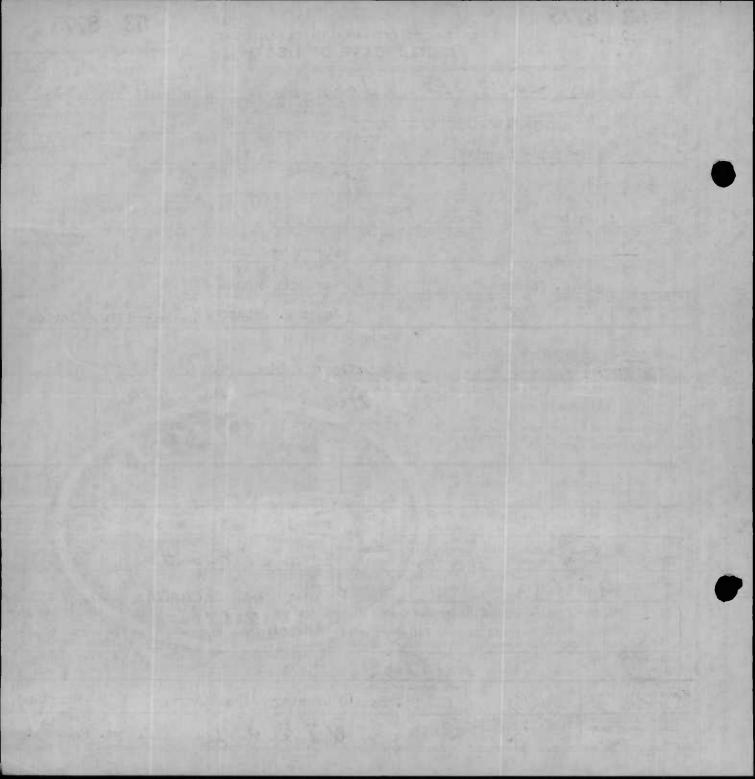
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BIRTH NO.	OECEASEO	7	CERTIFICAT	- /	12	2. OATE		
(Type or Print) (Elgin Ve	rmont) Joi	un	E Je	shnson		OF OEATH	-2	5-53
3. PLACE OF A. Baltimore	OEATH: City, Maryland			4. USUAL RESIDEN	CE (When	re deceased live		titution : residence before admission
B. FULL NAME	OF not in hespit	al or institut	ion, give street address or location)					
INSTITUTION	University I	Hosnita		c. CITY OR TOWN Bill:		iside corporate :	limits, w	rite RURAL and gi township
	OUTAGISTON .	TOSPI Va.	Yrs.	D. STREET ADDRESS		al, give location	1)	
	stay in Baltimore		Mos. Days					
S. SEX Male	6.COLOR OR RACE		E. MARRIEO. VED. DIVORCED (Specify) Le	8. DATE OF BIRTH 8/21/1919	9	AGE (In year last birthday)		s Days Hours Min
10A. USUAL O	CCUPATION (Give kind of tof working life, even if retired)	10s. KIND	OF BUSINESS OR INDUSTRY	Linngrove, Ic		gn country)	12	CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIO	EN NAMI	E		
tr was sweet	Bert S. John:			Wilmina Tut	tle			
	SED EVER IN U.S. ARMED (If yes, give war or date)		16. SOCIAL SECURITY NO.	James D. John	nson,	775 Mami Jacksonv		ads , Florida
heart fai	LEADING TO DEA' es not mean the mode of lure, asthenia, etc. It mea r complication which of ANTECEDENT CAUS	of dying, e. a ans the diseas caused death		cart +				ONSET AND DEAT
DISEASION UNDERLY	LEADING TO DEA, es not mean the mode of lure, asthenia, etc. It mean r complication which of ANTECEDENT CAUSE ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA II SIGNIFICANT CONOI	TH of dying, e. g. uns the disease caused death SES F ANY, GIVIN STATING TH STATIONS CON	(B)	eart +	RT			
DISEASION OISEASION RISE TO UNDERLY OTHER TRIBUTIN TO THE	LEADING TO DEA, es not mean the mode of lure, asthenia, etc. It mean r complication which of ANTECEDENT CAUSE ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA	TH of dying, e. s ans the diseas caused death SES F ANY, GIVIN STATING TH STATING TH STATIONS CON NOT RELATE	(B)	eart +	RT			
DISEASION RISE TO UNDERLY OTHER TRIBUTING TO THE UNDERLY OTHER	LEADING TO DEA' es not mean the mode of lure, asthenia, etc. It mean r complication which of ANTECEDENT CAUSE ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA SIGNIFICANT CONOI ING TO THE DEATH, BUT DISEASE OR CONDITION	TH of dying, e. s. uns the diseas caused death SES F ANY, GIVIN STATING TH ST. ITIONS CON NOT RELATE CAUSING TO 9B. MAJOR	(B)	eart +	RT	LUA	19	20. AUTOPSY?
DISEASION OISEASION OISEAN OISE	LEADING TO DEATH es not mean the mode of lure, asthenia, etc. It means the mode of lure, asthenia, etc. It means to complication which of anticological conditions, it is consistent to the death, but disease or condition of operation of operation of or contribution of or contribution of or contribution of or contributions of or contributions of or contributions of operation operation of operation	TH of dying, e. f. ins the diseas caused death SES F ANY, GIVIN STATING THE STATING THE STATING THE STATING THE CAUSING I' CAUSING I' 9B. MAJOR 21B. PLA about home, f.	(B)	RATION Cart + Cart + Cart Accordance Cart Cart	RT (if it	L VA Baltimere Ci Vette	19	20. AUTOPSY?
DISEASION OISEASION OISEAN OISE	LEADING TO DEA' es not mean the mode of lure, asthenia, etc. It mean r complication which of ANTECEDENT CAUSE ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA II SIGNIFICANT CONOI RES TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION I RNAL CAUSE WAS CAUSE OF OEATH. (Month) (Day) (Year)	of dying, e. g. ans the diseas caused death SES F ANY, GIVING THE STATING THE STATING THE STATING THE ATTER CAUSING I' 9B. MAJOR 21B. PLA about home, f. The (Hour)	(B)	RATION REALITION TO BE STATE OF THE STATE	RT (if it	Baltimere Ci	ty, give	20. AUTOPSY?
DOTHER TRIBUTING TO THE UNOERLY UNOERLY UTING TO THE OF INJURY	LEADING TO DEA' es not mean the mode of lure, asthenia, etc. It mean r complication which of ANTECEDENT CAUSE ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA II SIGNIFICANT CONOI RES TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION I RNAL CAUSE WAS CAUSE OF OEATH. (Month) (Day) (Year)	TH of dying, e. s. ans the diseas caused death SES F ANY, GIVIN STATING THAST. ATTIONS CON NOT RELATE CAUSING TO SELATE CAUSING TO SELAT	(B) (B) (C) (C) (C) (C) (C) (C)	RATION REATION 10 or 21c. WHERE OID INJURY OCCUR? 21f. HOW DIO IN Shot White above, held an A	RT (It is Fa, VIURY O	Baltimore Ci	ty, give	20. AUTOPSY? YES No exact location)
DISEASION OF TRIBUTING TO THE TRIBUTING TO THE UTING TO T	LEADING TO DEA. Es not mean the mode of lure, asthenia, etc. It means the mode of lure, asthenia, etc. It means to complication which of the complication which of the complication of the death, but the complication of operation of operation of the complication of t	of dying, e. g. ins the disease caused death SES F ANY, GIVIN STATING THAT IN THE STATING THAT IN THE STATE I CAUSING I'S B. MAJOR 218. PLA about home, f. in the said Auto Auto	(B)	RATION REATION 10 or 21c. WHERE OID INJURY OCCUR? 21f. HOW DIO IN Shot White above, held an A	(If in Fay	Baltimere Ci	ty, give	20. AUTOPSY? YES No exact location) Eves T thereon and from
DISEASION OF TRIBUTING TO THE TRIBUTING TO THE UTING TO T	LEADING TO DEA. es not mean the mode of lure, asthenia, etc. It means the mode of lure, asthenia, etc. It means to complication which of the complication which of the above cause (A). SIGNIFICANT CONDITION LA	of dying, e. g. uns the diseas caused death SES F ANY, GIVIN STATING THAST. ITIONS CON NOT RELATE CAUSING I' 9B. MAJOR 21B. PLA about hope, f. (Hour) m. 'ye of the said Auto resulted f	(B)	RATION REAL STREET OF STR	RT (If in Fall VIII) LE PE Lopsy, Insidical EXALEXA TIGATOR	Baltimore Ci	ty, give	exact location) PVEST Thereon and from the day stated above termined DATE SIGNEO 26-53
DISEASION OF TRIBUTING TO THE TRIBUTING TO THE UTING TO T	LEADING TO DEA' es not mean the mode of lure, asthenia, etc. It means the mode of lure o	of dying, e. s.	(B)	RATION REATION REATION REATION 21c. WHERE OID INJURY OCCUR? 311 W. 21f. HOW DIO IN Autority, find that sa se in accident in sure as in accident i	RT (If in Fall VIII) LE PE Lopsy, Insidical EXALEXA TIGATOR	Baltimore Ci	ty, give	exact location) PVEST Thereon and from the day stated above termined DATE SIGNEO 26-53



DATE RECEIVED BY

LOCAL REGISTRAR

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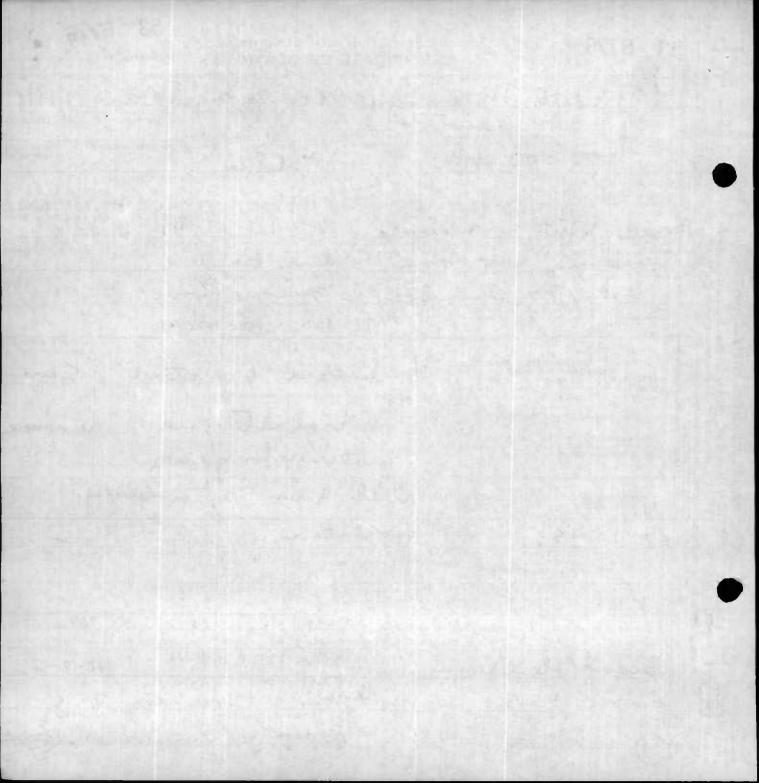
REGISTRAR'S

SIGNATURE

11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? AODRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN 21C. WHERE DID (If in Baltimore City, give exact location 21F. HOW DIO INJURY OCCUR? _, 1953, that I last saw the 1953, and that death occurred at 3567 m., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county 25. FUNERAL DIRECTOR

before admission)

M Under i Year

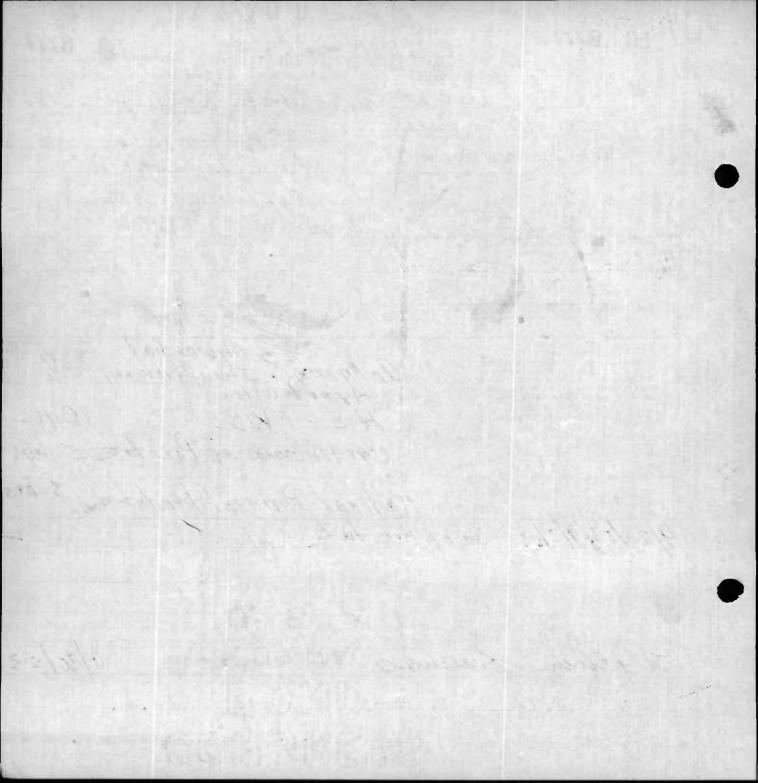


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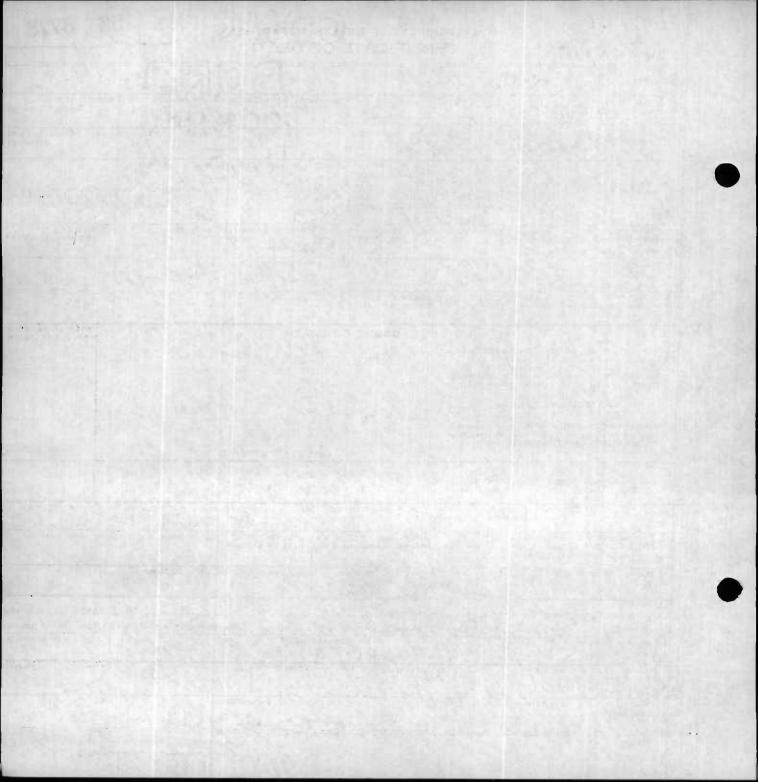
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MARGIN



	H-430 53 8778 BALTIMORE CITY HE CERTIFICATI	
	NAME OF DECEASED Robert Holf	2. DATE 0F DEATH 9-37-53
A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
	OSPITAL OR Provident Hospital Occation)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township
1	Length of stay in Baltimore Mos. Days SEX [6.COLOR OR RACE 7. SINGLE, MARRIED.	D. STREET ADDRESS (If rure), give location) S. DATE OF BIRTH 9. AGE (In years) H Under 1 Year H Under 24 Hours
1	WIDOWED DIVORGED (Specify) M. USUAL OCCUPATION (Give kind of 109. KIND OF BUSINESS OR	1913 Slast birthday) Months: Days Hours Min. 1145TRTHPLACE (State or foreign country) 12. CITIZEN OF
1	INDUSTRY S. FATHERS NAME INDUSTRY	Gurlington WHAT COUNTRY 14. MOTHER'S MAYDEN NAME
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL os, no or unknown) (If yos, give war or dates of service) SECURITY NO.	Marsha Frolengen 17. INFORMANT ADDRESS
FICATION	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OF DEATH US fine Hent Failure Cardiof Weskness
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	tal Cinhocis
AL	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OF	CAUSE OF DEATH, ENTER IN YES NO
MEDIC	OR CONTRIBUTING CAUSE OF About home, farm, factory, street, office	bldg.,etc.) INJURY OCCUR?
	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI WHILE AT NOT WHILE AT WORK AT WORK	K L
	22. I hereby certify that I attended the deceased from Secased alive on Go, 19 Sand that death occur 2BA. SIGNATURE	rred at / 1953, to 9-29, 1955, that I last saw the rred at / 1: m., from the causes and on the date stated above 236. ADDRESS 23C. DATE SIGNED 10-2-53
T	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. JUNERAL DIRECTOR ADDRESS
	OCAL REGISTRAR	Agen A. Kelson 1303
	VS 150	Pressman &



Robert E.Lee Jr.		Barbara T	ucker		
AS DECEASED EVER IN U. S. ARMED FORCES? or unknown) (If yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
No	None	Robert E. Le	e Jr.	Savage, Md.	
. 057.1		OF DEATH			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.		cenac F	temo	2RHKGE	8 43
ANTECEDENT CAUSES	m	ENINGOCO	cc=1	n/A	12/me
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	3				7, 3,
OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		•			
A. DATE OF OPERATION 19B. CONDIT	TION FOR WHICH OF			ON WAS RELATED TO DEATH, ENTER IN PART II	20. AUTOPSY?
	PLACE OF INJURY (ome, farm, factory, etreet, office			in Baltimore City, gl	ve exact location)
D TIME (Month) (Day) (Year) (Hour) 2 INJURY n.	WHILE AT NOT WHILE WORK AT WORK	E		RY OCCUR?	
2. I hereby certify that I attended the	deceased from	30 1953	5. to 7/	30 , 1953,	that I last saw the
Cut fair and factors	and that death occur	red at 12 Pm.	, from the	causes and on the	date stated above.
BA. SIGNATURE		38. ADDRESS	194		23c DATE SIGNED
BURIAL, CREMA- 24B, DATE 2 REMOVAL (Specify)	4c. NAME OF CEMETE	RY OR CREMATORY	24b. LO	CATION (City, town, or	county) (State)
rial 10-3-53	Good Shepl			licott City, M	
RECEIVED BY REGISTRAR'S SIGNATULE		F.E. Higino		Ellicott City	,Md
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20	y w white	Care Contracts	A A.	·	squ.

before admission)

12. CITIZEN OF

WHAT COUNTRY?

township)

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BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	OF DECEASED	OL! (TIFICAT	_ 01 DE	-/	2. DATE		
(Type or Pri		osa Tamuloni	•				-29-19	53
	of DEATH: re City, Maryland AME Of (If not in hospi	tal an institution viva	at-out address on	A STATE	esidence (Where deceased live B. COUNT		tion: residence before admission)
HOSPITAL INSTITUTIO	OR Baltimana 644	ty Hospitals	location)	c. CITY OR		f outside corporate	limito write	RURAL and give township)
		6.6	Yrs. Mos.			rural, give location	n)	
c. Length	of stay in Baltimore	Wyrs	Days	8. DATE OF		29 no 23	s It Under I Y	ear If Under 24 Hours
F	V	Married Married		Aug. 15	1883	last birthday)	Months D	Days Hours Min.
	OCCUPATION (Give kind of most of working life, even if retired LOT		INDUSTRY	11. BIRTHPL		oreign country)		HAT COUNTRY?
13. FATHER	R'S NAME	, <u> </u>			'S MAIDEN N	AME		
	unknown				unknown			
15. WAS DEC (Yes, no or onks		es of service) SE	OCIAL ECURITY NO. 0-7022A	17. INFORM	Altimore	City Hospi astern Ave	itals	SS
18. 5	61.0.	520-2		OF DEATH			IIN.	TERVAL BETWEEN
Z DISE RISE	does not mean the mode failure, asthenia, etc. It me y or complication which ANTECEDENT CAU ASES OR CONDITIONS. TO THE ABOVE CAUSE (A) ERLYING CONDITION L	ans the disease, caused death.) DU SES IF ANY, GIVING) STATING THE DU AST.	E TO	nal Obst	***************************************	inal Hermi	3	
ш то	11 R SIGNIFICANT CONDITION THE DEATH BUT NOT USE OR CONDITION CAUSIN	RELATED TO THE		*				
19A. DA	TE OF OPERATION	198. CONDITION F WAS PERFORMED	OR WHICH OF	PERATION	CAUSE	ATION WAS RELAT OF DEATH, ENTE OR PART II	ER IN	D. AUTOPSY
21A. AC OR CON DEATH	CIDENT WAS UNDERLY ITRIBUTING CAUSE O (NOTIFY MEDICAL EXAMIN	/ING 218. PLACE about home, farm	E OF INJURY (a,factory,street,office	e. g., io or 21C. bldg.,etc.) INJU	WHERE DID	(If in Baitimore	City, give e	xact location)
	ME (Month) (Day) (Year JRY	(Hour); 21E. IN. WHILE A WORK		E	HOW DID IN	JURY OCCUR?		
decease	ereby certify that I at ed alive on 9-29-	tended the deceas , 19 53 , and th	at death occur	rred at 7.	05PM from	29-, 1 the causes and c	on the dat	e stated above.
	GNATURE Hypoli	ur dan.	м. р.	38. ADDRESS	rn Ave.,	Baltimere,	ld. 9-3	DATE SIGNED
	AL, CREMA- 248 DATE					OCATION (City, t	town, or cou	nty) (State)
DATE REC	EIVED BY REGISTRA	53 Hol	y Redee	Mer 25. EUNERA		air Rd.	ADDI	Md. RESS
UCT Z	1903 1 1 100000	9314		Charles	W. Kac	hauskas '	703 MC	HENRY ST
VS 15	TO DO A	ppreved By T	he Medica	1 HXAMIN	# T			

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Examiner Medical 59046

NOT A MEDICAL EXAMINER'S CASE

CHIEF OR ASSIT MEDICAL EXAMINER

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	1/	The Dx Case Kelease	d to Itoop	
	-		EALTH DEPARTMENT	53 8781
supplied. The	ာပ္မ	RTH 80/81 CERTIFICAT	E OF DEATH Register	ed No.
		NAME OF DECEASED Type or Print)	LUSA 2. DATE OF DEATH	pt 30 1953
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased live	
dns	В.	FULL NAME OF (If not in hospital or institution, give street address or logstital. OR	MA. Baltimore	
be callly		NOTITUTION JOHNS HOPKINS HOSPITAL	Ca whaville	28 township
		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
	13	Length of stay in Baltimore Days GEX 6.COOOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9 AGE (In year	
should larly an	te	unale Colored Widowed Divorced (Specify	18-5-1887 63	Months Days Hours Min.
	work	OA. USUAY OCCUPATION (Give kind of TOB, KIND OF BUSINESS OR rk down furny, most of working life, even incurred) [NDUSTRY]	11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY
ation th c	13	3. EATHER'S NAME	14. MOTHER'S MAIDEN NAME	10.011
IDING information of death cl	15	5. YAS DECEASED EYER IN U. SARMED FORCEST 16. SOCIAL	Darah	<u> </u>
BINDING of inform uses of dea		5. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO.	HOPKINS HOSPITAL	ADDRESS
R H H	1	118. 561. V CAUSE	OF DEATH	INTERVAL BETWEEN
FOR y item the cau	Н	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	new deal inharti	
Every ite		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
00		ANTECEDENT CAUSES	to the O Color land	
RESERVED FINK. Even please write	NOI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
CGIN R DING	CATI	UNDERLYING CONDITION LAST.	ululical itering	
MARGIN UNFADING Physicians:	TIF		Mary 5-9 of the State of the	
MA	CER	TO THE DEATH BUT NOT RELATED TO THE	•	
hrt .	AL	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH O	PERATION IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I OR PART II	
Y, WITH	DIC.	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office	(e. g., in or 21C. WHERE DID (If in Baltimore (
X,	ME		ED 21F. HOW DID INJURY OCCUR?	
AAI		OF INJURY OF INJURY OF INJURY NOT WHILE AT NOT WHI	ILE	
PI		22. I hereby certify that I attended the deceased from 9-	-30- ,1953to 9-20- ,1	953, that I last saw th
ITE		deceased alive on 9 · 30- 19 5 and that death occu	rred at Z;10 m., from the causes and a	n the date stated above
WR Se is			238. ADDRESS DOHNS HODEINE	101123
ASE et ag	110	PARIAL CREMA- 24B. DATE 24C. NAME OF GEMETE	ERY OR CREMATORY 249 CONTION (City, t	cwn, or county) (State)
PLEASE WRITE correct age is esp		DATE RECEIVED BY REGISTRAR'S SIGNATURE	V25. FUNEMAL DIRECTOR	ADDRESS 5 18W
H 2	1	OCT 2-1953 Thurting or 3 10 mars 2	10 Travel a Henry	be Niddle
		VS 150		SE
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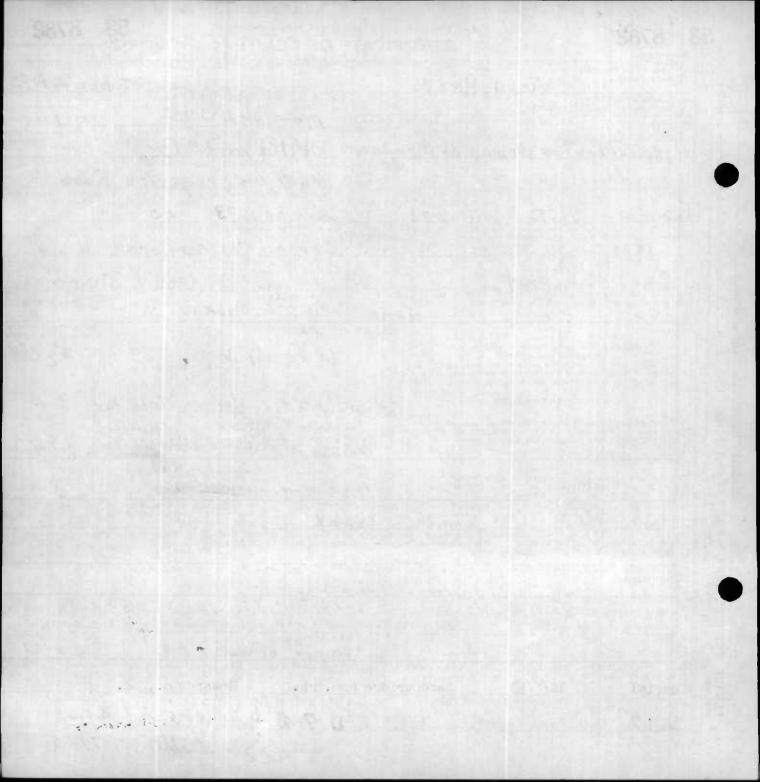
NOT A MEDICAL EXAMINER'S CASE

CHIEF OF ASST. MEDICAL EXAMINER

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B	8782	

BALTIMORE CITY HEALTH DEPARTMENT

F	CERTIFICATI	E OF DEATH Registered No.				
1	. NAME OF DECEASED	2. DATE				
	Type or Print) Viola KREBS	DEATH October 2,1953				
	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	An - 1/1				
E	OSPITAL OR location)	c. CITY OR TOWN (If outside correlate thats, west RUCAL and give township)				
E	tospital for The Women of Maryland	Baltimore V				
4	62-1rs. Mos.	o. STREET ADDRESS (lf rural, give location)				
	Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours				
6	6. COLOR OR RACE 7. SINGLE, MARKIED, WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.				
1 1	OA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
	rk done during most of working life, even if retired) INDUSTRY					
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
3	Carl Shiploy	Mollie Steinmox				
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS				
2 (Y	es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MRS J. MOORE - 4609 OLD FREDERICIES Rd.				
3		OF DEATH				
	DISEASE OR CONDITION DIRECTLY	ONSET AND GEATH				
173	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	UREMIA BYWK				
201	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
3	ANTECEDENT CAUSES	Catesta Mersonal Teams Dr. + 8WK				
N C	DISEASES OR CONDITIONS, IF ANY, GIVING	Cystectomy URETERAL TRANSPLAT 8WR				
S F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	(Secondary)				
CA CA	(C) C1	more y CZRVIX & UKINARY DIOCOLO				
TIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Secondary				
Z L	TO THE DEATH BUT NOT BELATED TO THE	USMIA - BOILE				
4 0	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF					
A L		CAUSE OF DEATH, ENTER IN YES NO PART I OR PART II				
DIC	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office	(e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) oblig, etc.) INJURY OCCUR?				
ME						
	210, TIME (Month) (Day) (Tear) (Hour) 21E. INJURY OCCURR					
all	m. WORK AT WORK					
	22. I hereby certify that I attended the deceased from 9-14 1953, to 10-2, 1953, that I last saw the deceased alive on 2 00-1953, and that death occurred at 8 m., from the causes and on the date stated above					
Ca l						
2	Dull ma son	Hospital fribuse of MI 10-2-53				
a Br	M. D. 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE					
. 11 4	Burial 10/5/53 Meadowridge M					
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR				
3 1	OCT 2 - 105 of the truston Williams	Stome Victarier & sons				
=	VS 150	a bento o med				
		· (Callo 1 1, 1 ma ·				



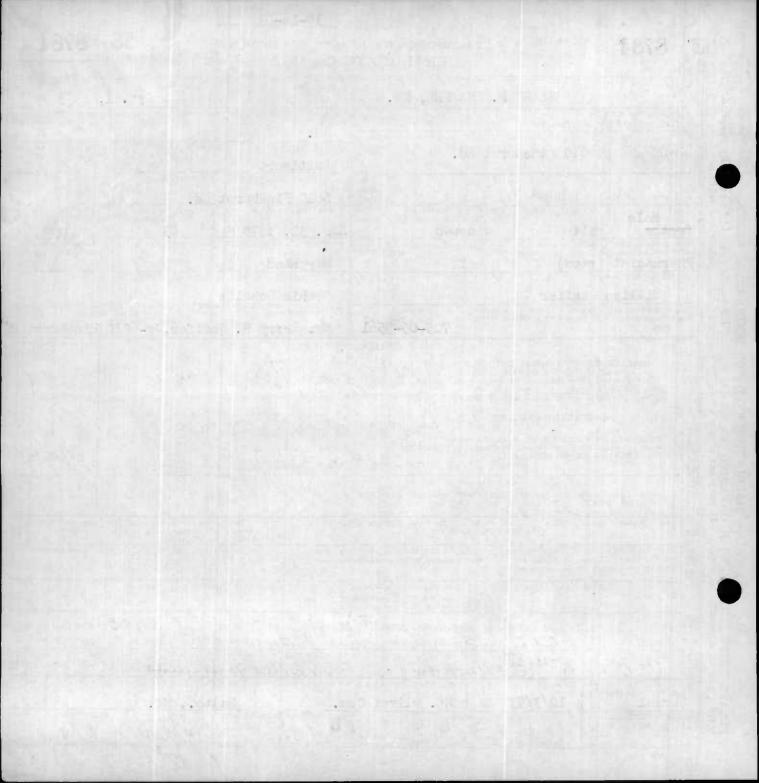
BINDING	PLEASE WRITE PLA. Y, WITH UNFADING INK. Every item of information should be ca	correct age is especially important. Physicians: please write the causes of death clearly and legib
RVED FOR	Every item	write the ca
MARGIN RESERVED FOR BINDING	NFADING INK.	ysicians: please
	Y, WITH U	important. Pl
	PLEASE WRITE PLA	correct age is especially

A - 450 3 8783 BIRTH NO.	BALTIMORE CITY HE		53 Registered No.		
1. NAME OF DECEASED (Type or Print) MORT(ON P. ALLEN		2. DATE OF Sept.	30, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (titution: residence before admission)	
B FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION 3509 N. Calvert	location)		if outside corpora e limits,	vrite RURAL and give township)	
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (1 3509 N. Calver			
W	NGLE, MARRIED. IDOWED, DIVORCED (Specify) vidowed	8. DATE OF BIRTH 5/14/1875	9. AGE (in years Hum last highlay) Month	ler I Year II Under 24 Hours Days Hours Min.	
work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY Confectioners	11. BIRTHPLACE (State or Mar yland	foreign country) 12	2. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Luther W. P. Allen		14. MOTHER'S MAIDEN I	NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or nnknown) (If yes, give wer or dates of serv	ES? 16. SOCIAL SECURITY NO.	Mr. Luther E.	Allen-3509 N.	Calvert St.	
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. I OTHER SIGNIFICANT CONDITIONS CONTOUR TO THE DEATH BUT NOT RELATE	g, e. g., (A) Mig of disease, death.) DUE TO	Rulmary e tenseles	tic	1 kg	
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATE OISEASE OR CONDITION CAUSING IT.	O TO THE				
19A. DATE OF OPERATION 0 19B. C	ONDITION FOR WHICH OF	CAUSE PART I	ATION WAS RELATED TO OF DEATH, ENTER IN OR PART II	YES NO	
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (about home, farm, factory, street, office		(If in Baltimore City, gi	ve exact location)	
210. TIME (Month) (Day) (Year) (Hour OF INJURY	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE				
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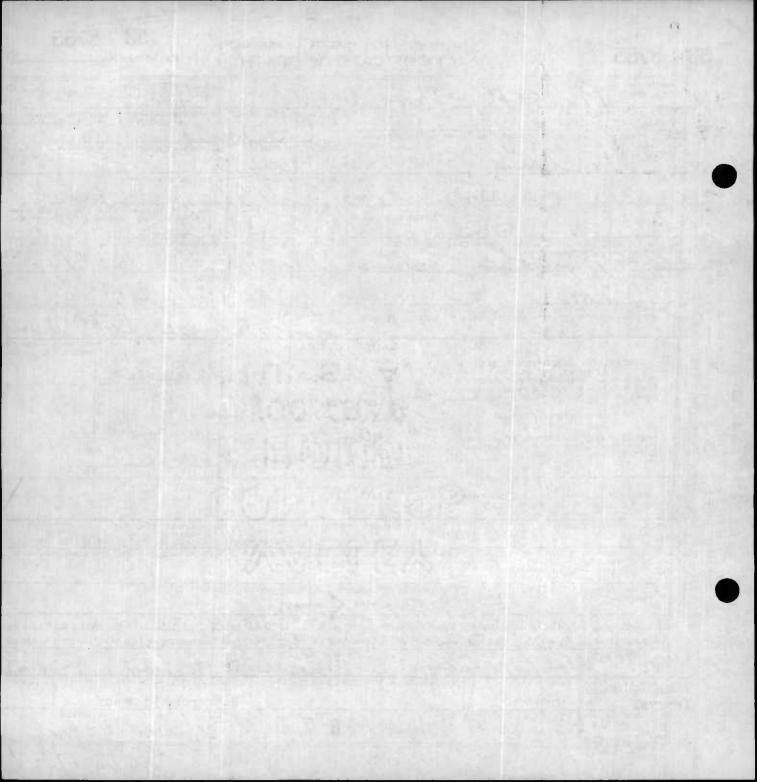


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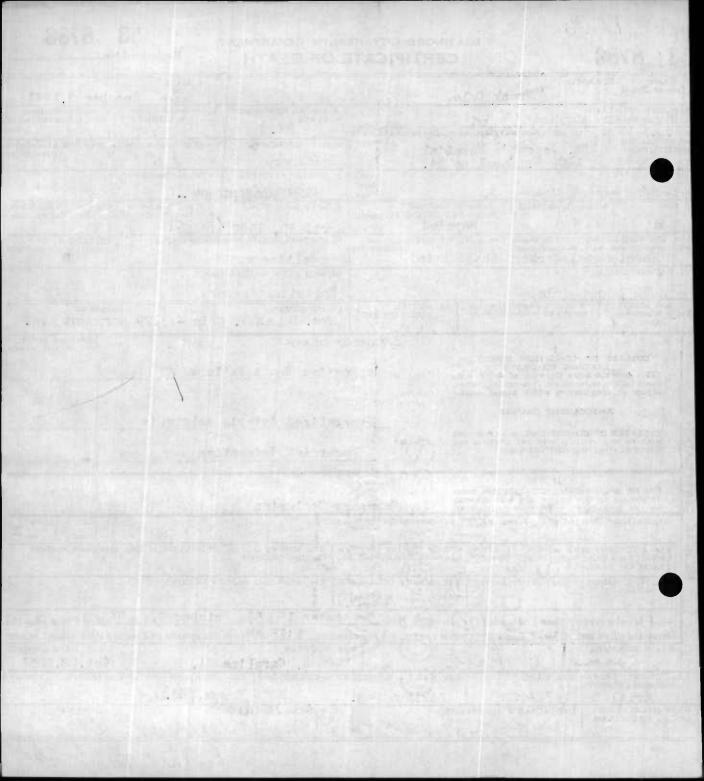
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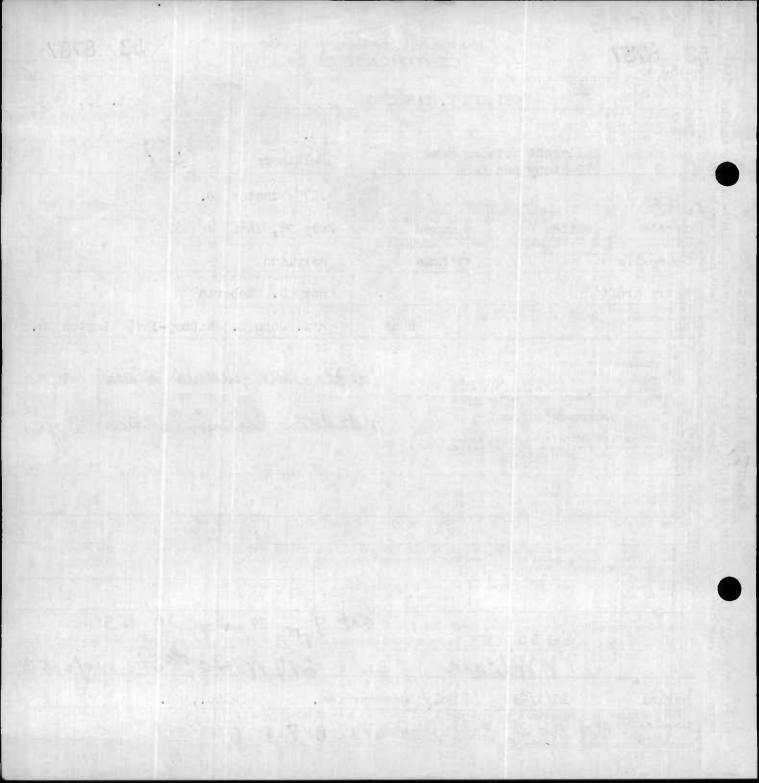
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

3	3 878 RTH NO.	36		CERTIFICATI	E OF DEATH	Registered	No
1. (T	NAME OF D 'ype or Print)		hk Col	3		2. DATE OF DEATH OC	tober 2,1953
Α.	3. PLACE OF DEATH: a. Baltimore City, Maryland a. FULL NAME OF (If not in hospital or institution, give street address or				4. USUAL RESIDENCE (VA. STATE		
H	FULL NAME OSPITAL OR ISTITUTION	St. Joseph 1400 N. ('s Hos	pital location)		outside corporate im	to, write RURAL and give township)
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	o. street address (If		
-	SEX	6. COLOR OR RACE	WIDOW	E. MARRIED, VED, DIVORCED (Specify) Tried	8. DATE OF BIRTH ADRIL 30, 1902	9. AGE (In years	If Under 1 Year If Under 24 Hours In this Days Hours Min.
or	Sheet	CUPATION (Give kind of powerking life, even if retired) Metal Worker		of business or industry Metal	11. BIRTHPLACE (State or f Baltimore	oreign country)	12. CITIZEN OF WHAT COUNTRY?
		enry Cole		7	14. MOTHER'S MAIDEN N Christina Reese	AME	
15 Ye	s, no or nuknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	Mrs. Helen V. C		ADDRESS Jormount Ave.
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEA' s not mean the mode of the asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, III HE ABOVE CAUSE (A) YING CONDITION LA III GIGNIFICANT CONDITION TO THE DEATH, BUT	f dying, e. g f dying, e. g sthe diseas aused death SES F ANY, GIVIN STATING TH SET. TIONS CON NOT RELATE	(B) Gen (B) Gen (C) My	estive Heart Fail eralized Arterio ecardial Infarcti ry Occlusion	sclerosis	
AL C		OF OPERATION 1		FINDINGS OF OPER			20. AUTOPSY? YES NO
EDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH	218. PL/ about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore City,	give exact location)
Σ	INJURY	(Month) (Day) (Year)	m.	21E, INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK			
	22. I herch deceased a 23A. SIGNA	live on October	2197 53	and that death occur	tember 1519 53 to 00 red at 1:15 m. From to 38. ADDRESS 1400 N. Careline	the causes and on	the date stated above. 23c. DATE SIGNED Oct. 2,1953
2 11	on REMOVAL (S			24c. NAME OF CEMETE Oaklawn Cem.		OCATION (City, tow	n, or county) (State)
	ATE RECEIVE OCAL REGIST	D BY REGISTRAR	S SIGNATU		25 TYNERAL DIRECTOR	ickner	ADÓRESS
	VS 150	1333 1765	0	5	913E	Balto. 1	7. Md.



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SVEI	Eve	write
RESEI	INK.	please
MARGIN RESERVED FOR BINDING	SE WRITE PLAICE, WITH UNFADING INK. Every item of information should be call	Physicians:
	r, WITH	important.
	PLAI	ocially
	RITE	S PSDE
	W	00
	SE	67

The	3	8787 BALTIMORE CITY HE CERTIFICATE CERTIFICATE	
supplied. T	1.	NAME OF DECEASED (Spe or Print) OTI LIJE K. TABELING	2. DATE OF DEATH Sept. 30, 1953
	Α,	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY Md '
lly si	H	FULL NAME OF (If not in hospital or institution, give street address or ospital or Hillcrest Nursing Home 212 Stony Run Lane	c. CITY OR TOWN (If outside prioral limits write RURAL and give township)
of information should be causes of death clearly and legibn	C.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 1575 Winston Rd.
		sex 6. Color or RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) emale white widowed	B. DATE OF BIRTH July 28, 1866 9. AGE (In years I Under 1 Year last birthday) Months Days Hours Min.
	worl	OA. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) OUSEWITE at home	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		enry Kruft	14. MOTHER'S MAIDEN NAME Mary U. Kueberth
	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 4. no or unknown) (If yes, give war or dates of service) SECURITY NO. NONE	17. INFORMANT ADDRESS Mrs. John L. Whitney-1575 Winston Rd.
UNFADING INK. Every item of i Physicians: please write the causes	ICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	dio-Renal-lhacular Disease 10 yrs
INFA	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
hed		19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	CAUSE OF DEATH, ENTER IN PART I OR PART II
r, WITH	IEDICAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (about home, (arm, factory, street, office) DEATH (NOTIFY MEDICAL EXAMINER)	
EN	2	OF INJURY OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING WHILE AT NOT WORK AT WORK	LE
PLEASE WRITE PLA correct age is especiall	B	22. I hereby certify that I attended the deceased from deceased alive on Jept 30, 1953, and that death occur	1939, to 1945 30, 1953 that I last saw the red at 7 6 m., from the causes and on the date stated above. 38. ADDRESS 40 FL ST 1939, to 1945 30, 1953 that I last saw the red at 7 6 m., from the causes and on the date stated above. 23c. DATE SIGNED 1970 CREMATORY 24D. LOCATION (City, town, or county) (State)
		VS 150	Saeto. 17, Md.



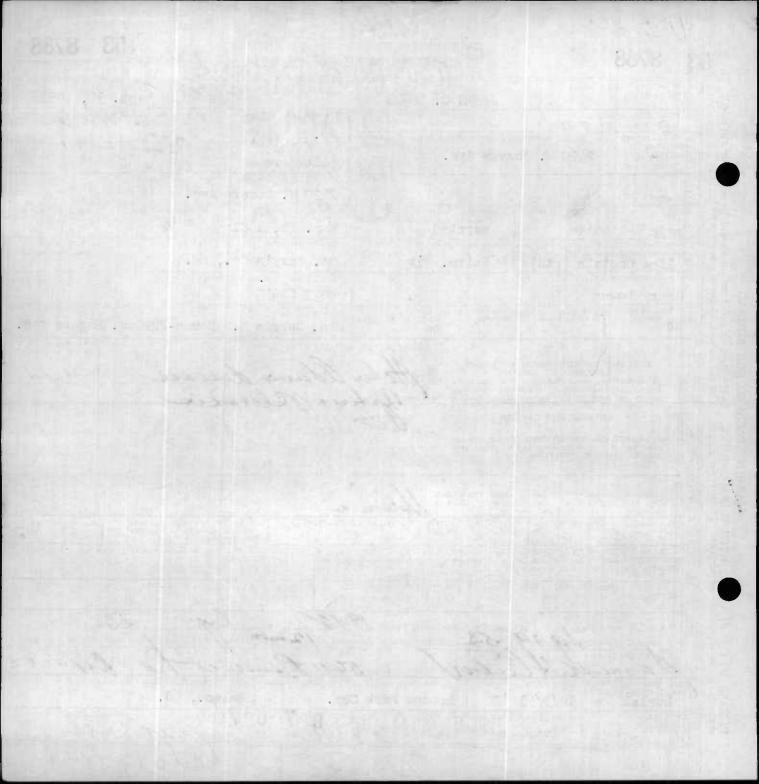
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BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

53	8788
Registered No	0700

3	8788 CERTIFICATI	E OF DEATH Registered No.			
	NAME OF DECEASED ype or Print) JAMES C. DOWNS	2. DATE OF DEATH Sept. 30, 1953			
A.	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: to idence a. STATE E. COUNTY before admission)			
H	FULL NAME OF OSPITAL OR STITUTION 2420 W. Rogers Ave.	Md. c. CITY OR TOWN (If outside orpora e limits write RURAL and give township)			
c.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 2420 W. Rogers Ave.			
	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	Mar. 26, 1881 9. AGE (In years it under 1 Year Months Days Hours Min.			
1C wor	A. USUAL OCCUPATION (Givekindof domeduring most of working life, even if refired) olice Captain (rtd) Balto. City	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF			
	Henry Downs	Mary Knott			
15 (Ye	was DECEASED EVER IN U. S. ARMED FORCES? a, no or unknown) (If yes, give war or dates of service) SECURITY NO. no	17. INFORMANT ADDRESS Mrs. Carrie E. Downs-2420 W. Rogers Ave.			
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
AL CE	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED				
MEDIC/	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRI OF INJURY	e. g., in or bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from /9 / 19 , to form, from the causes and on the date stated above 23 SIGNATURE 23B. ADDRESS 23C. DATE SIGNED					
Gi	4a. BURIAL, CREMA- ON, REMOVAL (Specify) Burial 10/3/53 Loudon Park C	em. Balto., Md.			
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	JAM. J. Where Your			
	vs 150 773	93 (ballo 17, Md.			



8789 RTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

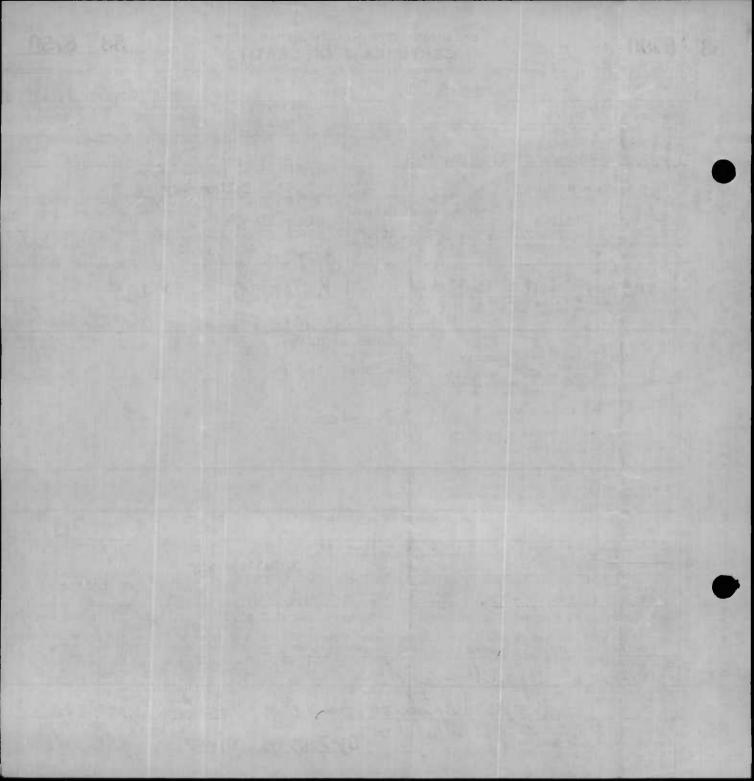
Registered No. 8789

RIH NO.							
NAME OF D	DECEASED	ANNA P	AVLIK		2. DATE OF DEATH	Sept. 30,	1953
PLACE OF D Baltimore (FULL NAME OSPITAL OR STITUTION	City, Maryland 33	Ol Car	denas Ave. tion, give street address or location)	A. USUAL RESIDEN A. STATE	Md. Where deceas	ed lived. If institution	on: residence entre admission
Length of s	stay in Baltimore	78 y	Yrs. Mos. Days	D. STREET ADDRES	3301 Carden		
SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (I	n years If Under 1 Yearthday) Months Da	ys Hours Min.
female	white	ma	rried	March 19, 18			
	CUPATION (Givekind of	108. KINI	O OF BUSINESS OR	11. BIRTHPLACE (St			IZEN OF
housewif	of working life, even if retired)	at	home	Czechoslovak	ia		S.A.
FATHER'S				14. MOTHER'S MAI			
	Anton Y				Albina Zei	lenka	
. WAS DECEAS , no or unknown)	ED EVER IN U.S. ARMED (If you, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Edward Pavli	k, son, 37	ADDRESS 12 Gibbons	
heart failt injury or DISEASE RISE TO T	s not mean the mode of the sathenia, etc. It mean complication which complication which complication which complication which complication complication with the saturation of the saturation of the saturation of the saturation complimed	ns the disea aused death ES ANY, GIVI	(B) . Center	nay The	e C-0.	D . Z	: yes.
TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED				
19A. DATE (OF OPERATION 0 1	9B. MAJOF	FINDINGS OF OPER	ATION		20 YE	AUTOPSY?
	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			ore City, give exac	et location)
OF URY	(Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURRING WHILE AT WORK AT WORK	ED 21F. HOW DID	INJURY OCCUR?		
22. I hereb	y certify that I att	ended the	deceased from	3/18 , 1953,	to_ 9/30	, 19 \(\sigma_3\) , that	I last saw th
			and that death occur				
23A. SIGNA		un	M. D.	38. ADDRESS JUN	2 Ilberry		DATE SIGNED
A. BURIAL. N. REMOVAL (S Burial		1953	24c. NAME OF CEMETE Oak Hill Ceme	RY OR CREMATORY	240. LOCATION (Horner's L		
TE RECEIVE	D BY REGISTRAR	SIGNAT	URE .	25. FUNERAL DIRE	CTOR	ADDRI	

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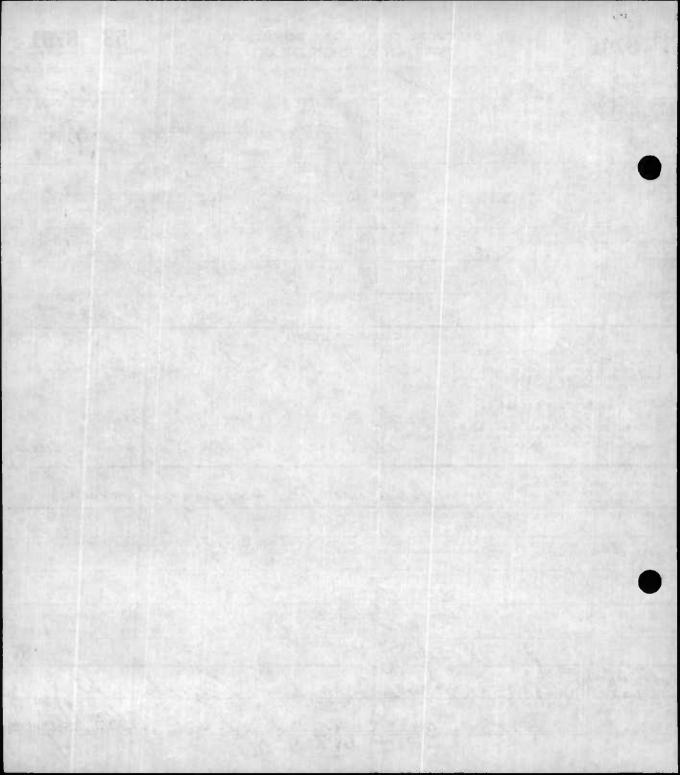
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8791 BALTIMORE CITY HE CERTIFICATI	TO.	egistered No. 8791
or Print) RAYMOND COMPONAYL	E 2. DAT	UCTORER 2 1902
altimore City, Maryland Yes	4. USUAL RESIDENCE (Where doce	
LL NAME OF (If not in hospital or institution, give street address or location) ITUTION UNION MEMORIAL HOSPITAL		orperate limits write RAL and give township
Yrs.	D. STREET ADDRESS (If rural, giv. 2040 ROBB ST.	e location)
ength of stay in Baltimore Days X 6. COLOR OR RACE 7. SINGLE, MARRIED, WIOOWED, DIVORCED (Specify)	8. OATE OF BIRTH 9. AGE	(In years Under Year Under 24 Roug pirthday) Months Days Hours Min.
USUAL OCCUPATION (Give kind of a during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign cou	ntry) 12. CITIZEN OF WHAT COUNTRY
CONTRACTOR Self	14. MOTHER'S MAIOEN NAME	USA
VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	REBECCA A. GRO	
(AS DECEASED EVER IN U. S. ARMED FORCES? of unknown) (If yos, give war or dates of service) SECURITY NO.	JOHANNAC, MAULE	(WITE) AOORESS SAME
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	E heart failme (pe cardial suface) nosélesotie Card	Immay Edena)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ioffice + Esophas	real varices.
9a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
1A. ACCIDENT WAS UNDER- YING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., of		imore City, give exact location)
ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE	21F. HOW DID INJURY OCCUP	??
m. WORK AT WORK 2. I hereby certify that I attended the deceased from	c7 / ,1953, to OCT	2 , 1953, that I last saw th
2. I hereby certify that I attended the deceased from cecased alive on OCT 2, 1953, and that death occur	red at 8 5 Am., from the cause	es and on the date stated above
Barry J. Phinkett Ir. 2	3B. ADDRESS UM H	DET 2, 1953
CREMA 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION	(City, town, or county) (State)
RECEIVED BY REGISTRAR'S SIGNATURE	25. FONERAL DIRECTOR	5305 Harry
Vs 150 290	149 D	

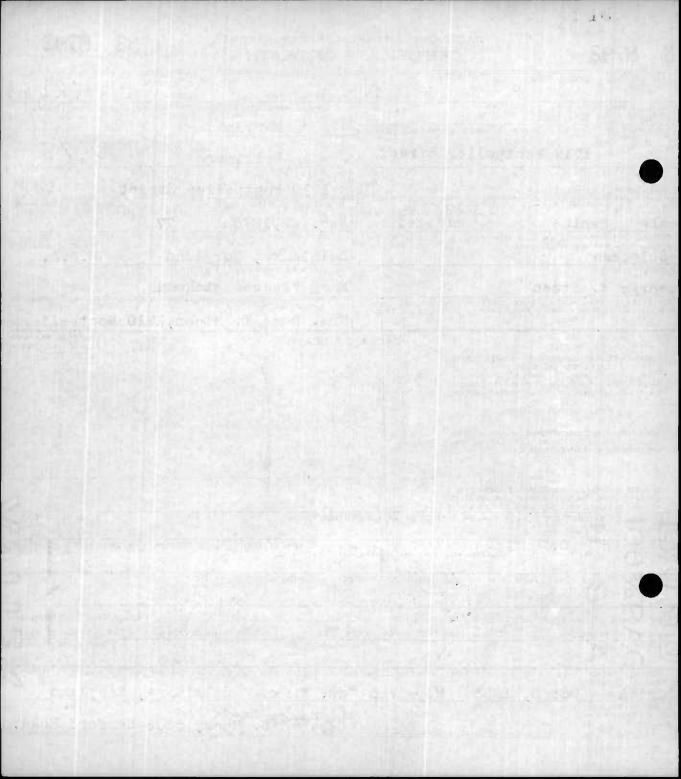


-350 3, 8792

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 3. 8792

TH NO.	0~		OLIVIN IO/VI	L OI DEATH		
NAME OF Dipe or Print)		UEL	HOUSE	STEEN	2. DATE OF DEATH	0BÉR 2,1953
LACE OF D	EATH: City, Maryland			4. USUAL RESIDE	NCE Where deceased lived, If in B. COUNTY	stitution: residence before admission)
ULL NAME		al or instituti	on, give street address or		yland	
SPITAL OR TITUTION	1710 Non	tnelle	location	c. CITY OR TOWN	(If outside corporate limits,	with RUPAL and give township)
	1719 MOII	reherre	r Street		timore	0 / 00111111111
			Yrs. Mos.		SS (If rural, give location)	
Length of s	tay in Baltimore	1 7 CINCLE	Days Days	1719 Mon	9. AGE (in years) If the	der 1 Year Il Under 24 Hours
		WIDOW	ED, DIVORCED (Specify)		last birthday) Mont	hs Days Hours Min.
male USUAL OC	White CUPATION (Givekind of		MATTIEC OF BUSINESS OR	Mar. 22,18		2. CITIZEN OF
lone during most o	of working life, even if retired)	IOB. KIND	INDUSTRY			WHAT COUNTRY?
SA LOSI		1		Baltimore,	Mary Land	U.S.A.
	W. Steen	D FORCES	16. SOCIAL		es Hickman	
no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	es of service)	SECURITY NO.	Mrs. Rose	T. Steen, 1719 M	ontpelier
18.			CAUSE	OF DEATH		INTERVAL BETWEEN
DISEAS	SE OR CONDITION		A.		11000000000	CHSEL AND DEATH
	LEADING TO DEA	of dying, e. g	,,,	MONHICA	UBERCULOSIS	2 years
	re, asthenia, etc. It mes complication which					
	ANTECEDENT CAUS	SES	TRIVI	2 10 8 M 6 0	105.6 1.0	10 1.
			(B) (FIC L	CIO JULKICO	70515 CVO	10 years
RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH				
	11		(C)			
TRIBUTING	BIGNIFICANT COND TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			
			FINDINGS OF OPER	RATION		20. AUTOPSY?
	0					YES NO
21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		CE OF INJURY (e. g., i arm,factory,street,office bldg.,			e exact location)
	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
OF JRY		m.	WORK NOT WHILE		A	
22 I beach	y certify that I at			119 .19	, to OCT 2 , 1953,	that I last saw the
	live on Och	Ag SS)	and that death occur	rred at 5:00 Am.	from the causes and on the	date stated above.
23A, SIGNA		YIV		38. ADDRESS	a De da	23c. PATE SIGNED
	Illen	T.O	PU M. D.	1003 DEFI	AIR ROAD	10 2 53
A. BURIAL, ON, REMOVAL (S	CREMA 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	'24D. LOCATION (City, town, or	r county) (State)
Buriad	Oct 5,	1953	More land	em. Park	Baltimore, Ma	ryland
TE RECEIVE CAL REGIST		· · · · · · · · · · · · · · · · · · ·	RE CONTRACTOR	CONSTANT DIRE	Baltimore, Ma	ADDRESS
PTO-	1	7 5		Leonard Ju-	Ruck, 5305 Har	ford Road.
VS 450	333			. 0		



BALTIMORE CITY HEALTH DEPARTMENT

Registere 30 8793

BIRTH NO.		CERTIFICAT	E OF DEA	TH	Register	ed WoC	1733
1. NAME OF DECEASED (Type or Print) MRS	. LENA	VIOLA CHRI	STOPHER		2. DATE OF DEATH	ct. 1,	1953
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESI		nere deceased live B. COUNT		on : residence pefoge admission
B. FULL NAME OF (If not in hespit HOSPITAL OR INSTITUTION	al or instituti	ion, give street address or location)	c. CITY OR TOV	ryland	utside corporate	lights, writed	
100 5009 Edg	ar Ter	race	11	ltimore			# township
c. Length of stay in Baltimore		Yrs. Mos. Days	b. STREET ADD	RESS (lf m Edgar I		1)	
5. SEX 6. COLOR OR RACE female white	7. SINGLE WIDOW	MARRIED. ED, DIVORCED (Specify) Widowed	B. DATE OF BIR		9. AGE (In year last birthday)	Months Da	ys Hours Min.
10A. USUAL OCCUPATION (Givekindof work done during most of working life, even if retired) at home	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	E (State or for		WH	TIZEN OF HAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S			1 001	O • A •
Henry Bien			Catherin	ne Deng	es		
15. WAS DECEASED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		,	ADDRESS	5
(Yes, no or unknown) (If yes, give war or dute	s of Mervice)	SECURITY NO.	Mrs. Mary	E. Vi	to.5009		
118. /2 -		CAUSE	OF DEATH			JINTE	ERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY					ONS	SET AND DEATI
(This does not mean the mode of	f dying, e. g	, (A) Can	re of	ova	7	3	march
heart failure, asthonia, etc. It mea injury or complication which c	ns the disease aused death	e, .) DUE TO					
Z DISEASES OR CONDITIONS, III	F ANY, GIVIN	G	etasis	tox	is		
UNDERLYING CONDITION LA	ST.	(C)		***************************************	•••••••		***********************
DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT II DISEASE OR CONDITION CAUSING	RELATED TO	TING THE					
19A. DATE OF OPERATION 1		TION FOR WHICH OF	PERATION		ON WAS RELATED DEATH, ENTER PART II		AUTOPSY?
21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINE	about	. PLACE OF INJURY (home, farm, factory, street, office			f in Baltimore	City, give ex	act location)
21D TIME (Month) (Day) (Year) OF INJURY	(Hour) 2	WHILE AT NOT WHILE WORK AT WOR	LE	JUNI DID W	JRY OCCUR?		
22. I hereby certify that I att		deceased from	Py / 19	53, to 5	P+ 30,1	952, that	I last saw th
deceased alivean 595/30	, 19			m., from th	e causes and		
23A. SIGNATURE	ne	en M.D.	ALL ALL	Bed	9. Back	- OC;	7 2, 195
Z4A. BURTAL, CREMA- 24B. DATE TION, REMOVAL (Specify)		24C. NAME OF CEMETE					
Burial Oct.	1953	Holy Redee	mer Cem.	Bal	timore,	Maryl	
DATE RECEIVED BY REGISTRAR' LOCAL REGISTRAR	S SIGNATU	107 / / E 1 A KA	Leonard :	2 64	, 5305		

Ily supplied. PLEASE WRITE PLAI. WITH UNFADING INK. Every item of information should be can correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The

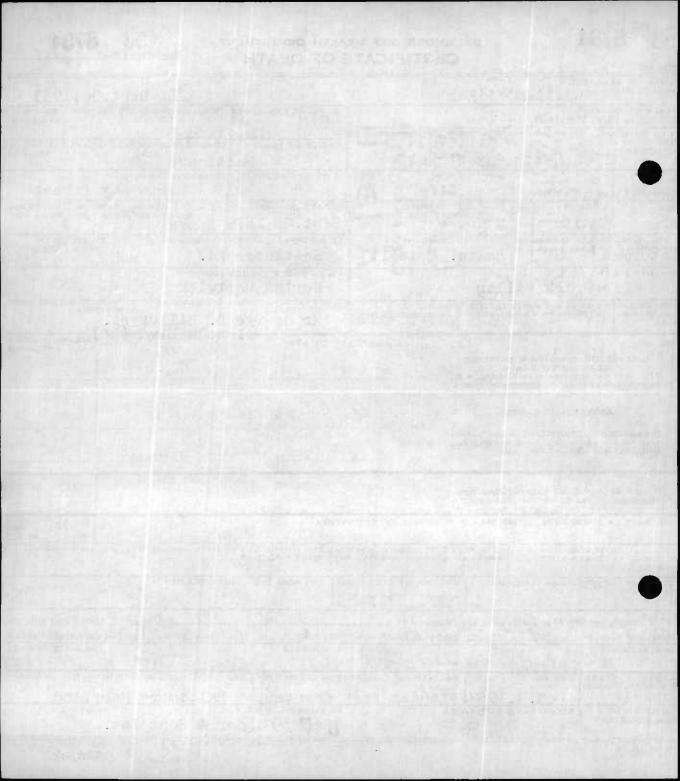
. Emmett Queens dical Arts Bldg. Office 18 Norwood Road, Home

RTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8794 Registered No.

NAME OF DECEASED De or Print) William Miller	oF Sept. 30, 1953
LACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
ULL NAME OF (If not in hospital or institution, give street address or location)	Maryland
1502 North Gay Street	c. CITY OR TOWN (If outside corporate Amits, write RURAL and give township) Baltimore
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore L11 e Days	1502 North Gay Street
le 6. COLOR OR RACE 7. SINGLE, MARRIED. WILDOWED, DIVORCED (Specify Wildower)	
one during most of working life, even if retired) Balto. Transit	11. BIRTHPLACE (State or foreign country) Baltimore Md.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick Miller	Bertha Hartwick
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 213EGURITO 898	Mr George B. Miller Sr.
18. 443 X CAUSE	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	romis Inyocart. In
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	- me my mentaline
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	hereos cler os, s
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	toper yeu sion
H THE STATE OF THE	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
0	YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg	
ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED OF URY	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	19 to 7 30, 19 , that I last saw the
deceased alive on 9/25, 1953, and that death occu	rred at A. m., from the causes and on the date stated above.
Joseph Souther M.D.	441 S. Ellevool ave 1072/53
I, REMOVAL/(Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) / (State)
TE RECEIVED BY REGISTRAR'S SIGNATURE	k Cemetery Baltimore Maryland 25. FUNERAL DIRECTOR ADDRESS
CAL REGISTRAR	Henry Sander & Sons Inc.
JUS 180- 1953	5/ Baltimore Maryland Jamole
66/	- Joseph Charles



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BALTIMORE CITY HEALTH DEPARTMENT

Register 3 No. 8795

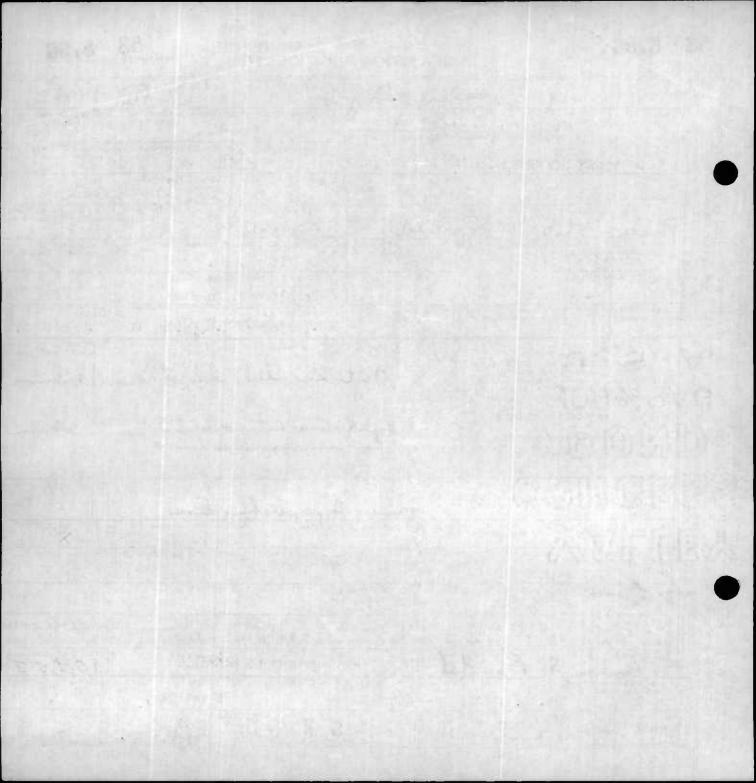
The	В	IRTH NO.			CERTIFICATI	E OF DEA	TH Registered	110.00
		NAME OF D		77 - 4 7			2. DATE OF	+ 1 2052
plied	3.	PLACE OF D	Oswald	Hellm	iann		IDENCE (Where deceased lived.	t.1,1953 If institution: residence before admission)
ly supplied.	B. Ho	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospita	al or instituti	ion, give street address or location)		Maryland WN (If outside corporate list	its, wite RURAL and give
		>()	2938 Indep	endenc			Baltimore	township)
e ca legibly		Langth of s	tay in Baltimore	Т	Yrs. Mos. Days	D. STREET ADD	ORESS (If rural, give location) 2938 Indepen	ndence Sta
and l	5.	sex	6.COLOR OR RACE	7. SINGLE	MARRIED.	B. DATE OF BIF	RTH 9. AGE (In years last birthday)	H Under 1 Year H Under 24 Hours Months Days Hours Min.
information should be s of death clearly and l	10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	of BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreign country) Ore Maryland	12. CITIZEN OF WHAT COUNTRY?
ath	13	B. FATHER'S				14. MOTHER'S	MAIDEN NAME	
orm	15	S WAS DECEASE		Heilma		Anna		
ry item of inf	(Ye	NO	ED EVER IN U.S. ARMED (If yes, give war or date:	s of service)	16. SOCIAL SECURITY NO. NONE	17MPs Ber 938 Mc	tha Smith ontpelier St Bal	
em			SE OR CONDITION		CAUSE	OF DEATH		ONSET AND DEATH
Every it		(This does	LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c	rH f dying, e. g ns the diseas	e. (A)	vocarditi	s	unknown
-		angury or	ANTECEDENT CAUS		.) DUE 10			
JINK.	NOIT	RISE TO T	S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVIN STATING TH	IG	ndocardit	is	unknown
IN(FICA				(C)			
UNFADING Physicians: p	ERTI	TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT F	RELATED TO		nial Asth	ma	unknown
H	7	19A. DATE C		9B. CONDI VAS PERFO	TION FOR WHICH OF	PERATION	IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I OR PART II	
, WITH important.	EDICA	OR CONTRIB	ENT WAS UNDERLYI BUTING CAUSE OF FIFY MEDICAL EXAMINE	about	. PLACE OF INJURY (home, farm, factory, street, office		HERE DID (If in Baltimore City OCCUR?	
	Σ	210. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 2	21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE	OW DID INJURY OCCUR?	
FE PLAI especially		22. I hereb	y certify that I att live on 9/28/		deceased from 9/2		953, to Oct. 1st., 19. m., from the causes and on	
RIT is e	4	3A. SIGNA	TURE			3B. ADDRESS		23c. DATE SIGNED
g W	1/2	4A. BURIAL,	CREMA- 24B, DATE	atto	24c, NAME OF CEMETE		h. St. Balto. Md.	10 /2 /53. vn, or county) (State)
ASI ect	E	on REMOVAL (S Burial	Specify) //	1953	Parkwood Ce	metery	Baltimore Ma	aryland
PLEASE WRITE correct age is esp	DL	ATE RECEIVE OCAL REGIST	D BY REGISTRAR	S SIGNATU	5 3 G	Heary Heary	Sanded & Sons :	Inc.
		0 (vs 150-	13 Hunting	from f.	Misur, Mi	2906A	Seg 1	Prembei

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Lh	BI	RTH NO.			
ed. 1	1. (T	NAME OF DECEASED Spe or Print) Atlan A. Tang	lor	2. DATE OF DEATH	(.1,1953
supplied		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESID	DENCE (Where deceased lived, I	f institution: residence before admission
ly su	H	FULL NAME OF (If not in hospital or institution vive street address or location) STITUTION	C. CITY OF TOW	N (If outside corporate lim)	its write RYRAL and give
oly.	2	JOHNS HOPKINS HOSPITAL	13	altimore 6	township
e ca legil		Length of stay in Baltimore life Yrs. Mos. Days	D. STREET ADDR	19 St. Voul	_ 22.
uld be	5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	3 - 23 -	9. AGE (in years last birthday)	It Under 1 Year If Under 24 hours on the Days Hours Min.
on should clearly an	worl	A. USUAL OCCUPATION (Give kind of Loss KIND OF BUSINESS OR K done during most of working life, even if retired) HOUSEWITE	11. BIRTHPLACE Baltimor	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY
information s of death cl	13	B. FATHER'S NAME	14. MOTHER'S M		
dea		William O. Atwood	Caroline	B. Oursler	
of info	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ige H. Taylor 2809	St. Paul St.
em of i			OF DEATH		INTERVAL BETWEEN
y it		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	is hyvendi	I Infanction	Lukuma
r INK.	CATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	ensire- art horis when-	enoschuti - Rend dieno	urkuns
UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	Hypupara	Lyvidism	
HH.	CAL	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION	CAUSE OF OEATH, ENTER	
, WITH	MEDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	e. g., in or bldg., etc.) 21C. WHE INJURY	ERE DID (If in Baltimore City OCCUR?	, give exact location)
	2	210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT AT WORK AT WORK	LE	V DID INJURY OCCUR?	
TE PLAT especially		22. I hereby certify that I attended the deceased from deceased alive on 19 19 3 and that death occur			that I last saw th
WRI e is		Grebin S. Rosenthal M.D.]	38. ADDRESS		23c. DATE SIGNED
SE	TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify) Burial Oct. 3, 1953 Druid Ridge	RY OR CREMATOR	Pikesville,	n, or county) (State)
PLEAS		ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25. FUNERAL DI	Winn 0 ()	ADDRESS



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RESER	INK.	please
MARGIN RESERV	PLEASE WRITE PLAIN, WITH UNFADING INK. E	Physicians:
	WITH,	important.
	PLAIN	ecially
	LITE	S est
	WF	ge i
	SE	4
	PLEA	correc

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:
A Baltimore City Maryland
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION

University Hospital

BALTIMORE CITY HEALTH DEPARTMENT
Registered No. 8797

4. USUAL RESIDENCE (Where deceased lived. If institution: resid as STATE B. COUNTY before address or HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside compress limits wither URAL as The North Country Countr

C	JOHN LOUIS MOORHEA	D OF Sept. 2	8, 1953
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		
	ISTITUTION	C. CITT OR TOWN (II outside comparate minus av	vrite VURAL and giv township
	University Hospital	Baltimore	
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
1	Length of stay in Baltimore 14 yrs. Days	1923 N. Eutaw Street	
	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male White widowed		las I Year Hours Min.
	A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF
WOL	k doue during most of working life, even if retired) INDUSTRY Carpenter	Cummings, Ga.	WHAT COUNTRY
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Marcy John Moorhead	Georgie Tatum	
15 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 19. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT 298 WILL	RESS C.L
(Yes 1907-1910	r. Charles E. Moorhead Bridgepo	ort. Conn.
	DISEASE OR CONDITION DIRECTLY	OF DEATH ensive cardiovascular disease	INTERVAL BETWEEN
	ANTECEDENT CAUSES		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		
ATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
	(C)		
ERTIFIC	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.		
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
AL			YES A NO
EDIC/	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.		exact location)
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WARK		

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes M, accident m, homicide m, undetermined m.

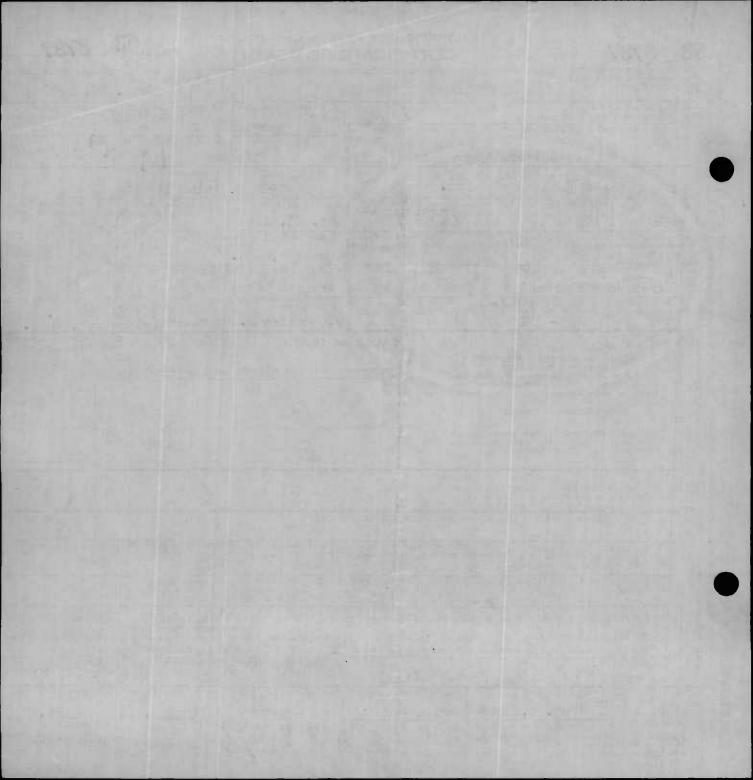
238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Sept. 29, 1953

24a. BURIAL FREMA- 24B. DATE 24COMME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State 100). REMOVAL (Specify)

Burial Oct. 5, 1953 Arlington National Cemetery Arlington,
DATE RECEIVED BY REGISTRAR'S SIGNATURE ASS. FUNERAL DIRECTOR ADDRESS

OCT 2-183 Jahren & Samo Mitchell And me 1900 Eutaw Plag

5 151



M-321 8798

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8768

Registered No.

RTH NO.						3.75
NAME OF I	DECEASED	Anton M	latejovic		2. DATE OCT	2,1953.
	City, Maryland	-1		4. USUAL RESIDENCE A. STATE Md.		If institution : residence before admission)
FULL NAME DSPITAL OR STITUTION		. Madis	ion, give street address or location)	c. CITY OR TOWN Baltimore	If outside ornorate lin	its, write BURAL and give township)
Length of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (2421 E.	If rural, give location) Madison Str	eet
sex male	6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH Aug 25, 1865	9. AGE (In years last birthday)	of Under 1 Year II Under 24 Hours Min.
	CCUPATION (Give kind of tof working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Czeckoslovaki	-	U.S.
. FATHER'S	Anton Matejov	ric		14. MOTHER'S MAIDEN Unknown	NAME	
s, no or unknown	SED EVER IN U.S. ARME (If yes, give war or date NO	D FORCES?	16. SOCIAL SECURITY NO. NONE	Mary Runge 2509	Mc Elderry	ADDRESS Street
DISEASE RISE TD UNDERL	ELADING TO DEA. s not mean the mode of ure, asthenia, etc. It means the complication which of the complication which of the complication which of the complication which of the complication of the complicati	INS the disease aused death SES FANY, GIVIN STATING THAST.	(B)	EMARL THROM	n 1993 1 3 S, GENENA	10-50 NA
TO THE	G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION	CAUSING I		ATION		20. AUTOPSY?
	0					YES NO
LYING CAUSE OF	DENT WAS UNDER- OR CONTRIBUTING DEATH	about home, f	CE OF INJURY (e. g., l arm,factory,street,office bldg.,	n or 21c. WHERE DID	(If in Baltimore City	, give exact location)
ME	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK	ED 21F. HOW DID INJU	RY OCCUR?	
	by eertify that I at	tended the		red at 12 20 Pm., from		
May a	win bish	stan		38. ADDRESS	and ane	23c. DATE SIGNED
ON, REMOVAL	Specify) 248. GATE Ct 5,1		24c. NAME OF CEMETE Holy Redeemer		LOCATION (City, tovair Rd	vn, or county) (State)
ATE RECEIVE OCAL REGIS		S SIGNAT	Elligue, A	25. FUNERAL DIRECTOR Schimunek unera		ADDRESS

	CASE DE LA	Nene mineral manifestation
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		THE COURSE OF THE PARTY OF THE
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		OD Safvers in the John S. C.

H 625 3 8739 RTH NO.

NAME OF DECEASED pe or Print)

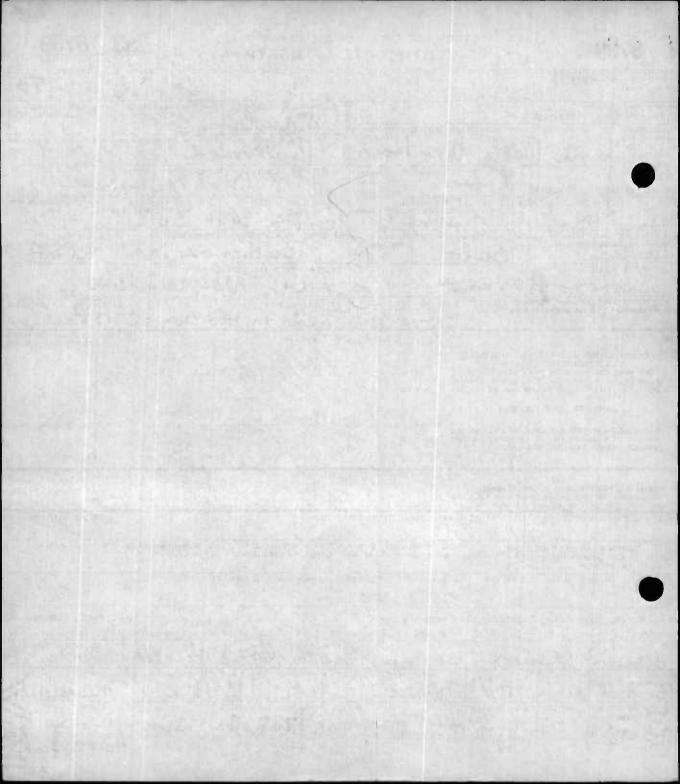
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

HARRISON, PAUL

Registered Ro 8799

2. DATE OF DEATH

PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution and state	ution : residence before admission)
SPITAL OR STITUTION South Balls Serve Aspens	c. CITYOR TOWN (If outside corporate limits, wri	te RURAL and give township)
Length of stay in Baltimore Life Yrs. Mos. Days	3713 Behler Onen	ue
SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (in years of bloods) 9. AGE (in years of bloods) Months:	
A. USUAL OCCUPATION (Give kind of done during mode of working life, even if retired) LOU- INDUSTRY		WHAT SOUNTRY?
Simon Hovison	2 da Wasserstein	
WAS DECEASED EVER IN U. S. ARMED FORCES? no or nuknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 213-05-77-7	17. INFORMANT Freda M. Harrison - 3713	Beehler
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e. g., meart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		NTERVAL BETWEEN NSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	lemia	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg		exact location)
Of URY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from bef deceased alive on 101 2, 1950, and that death occur 234 GIGNATURE 12	red at 12 am., from the gauses and jon the do	at I last saw the te stated above.
A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 10 4 53 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	sedels Bactmore, me	unty) (State) Nylond ORESS
CAL REGISTRAR Huntington Williams	Sol. Ferrison Bios - 112	t-26 W.
Vs 150	254 Nort	thene



R-252 8800

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Register 3No. 8800

pe or Print) michael Re	snick 2. DATE OF OCTOR	ec 1 53
PLACE OF DEATH: Baltimore City, Maryland ULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	itution: residence before admission)
HG13 Pork Heights are.	c. CITY OR TOWN (If outside corporate limits, w	RURAL and give township)
Length of stay in Baltimore 5 Up. Yrs.	D. STREET ADDRESS (If rural, give location) 2622 Oswego Ow	nue
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (L) years last birth day) Months	Days Hours Min.
One during most of working life, even if retired) One during most of working life, even if retired) Restructor	11. BIRTHPLACE (State or foreign country) 12.	WHAT COUNTRYS
movio Rehicle	14. MOTHER'S MAIDEN NAME	0
WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Shear - 3408	Rosedale
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	Coronary thrombass Arterioscleross	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., e.g., in about home, farm, factory, at reet, office bldg., e.g., in about	a or 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?	exact location)
215 (Month) (Day) (Year) (Hour) 216. INJURY OCCURRING MILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from deceased alive on \$2, 1953, and that death occur		nat I last saw the late stated above.
Mantenales M.D.	110 9 N Colverts (v) 2	10 1/3
Bural 10/4/53 Greater Bo	eto Loage Battimore	(State)
TE RECEIVED BY REGISTRAR'S SIGNATURE	35. FUNERALDIRECTOR Bros-11	24-26W
VS 150	No	rth aneme

M- 8801	2	42	
RTH NO.			
NAME OF DECE	ASED	Ea	h 10

Baltimore City, Maryland Car Ho

PLACE OF DEATH

rannie

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A. STATE

53 8801
Registered No.

before admission)

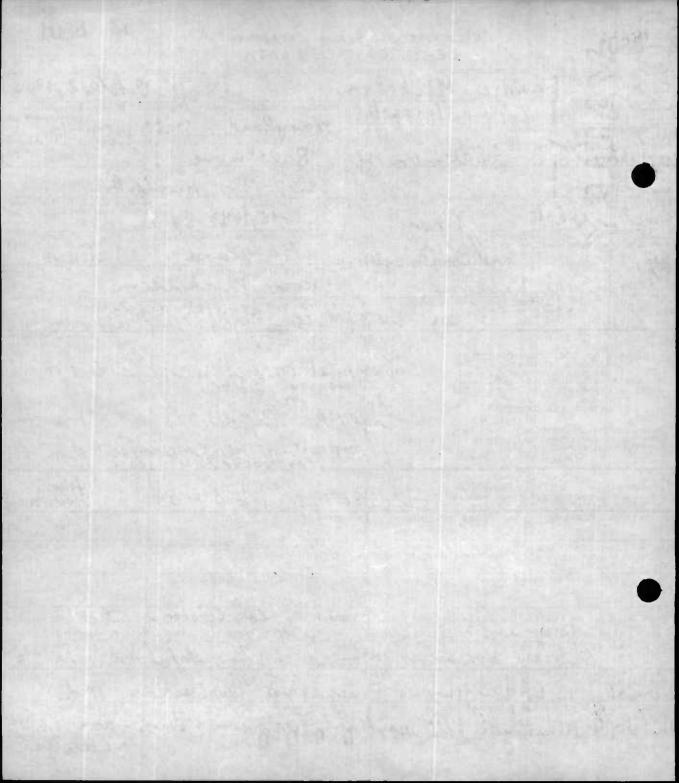
2. DATE

4. USUAL RESIDENCE (Where deceased lived. If institution : residence

OF DEATH

B. COUNTY

Balkimore Gify (If not in hospital or institution, give street address or SPITAL OR location) TOWN (If outside corporate limits, write RURAL and give C. CITY OR Yrs. (If rural, give location Mos. length of stay in Baltimore Days 9. AGE (In years | If Under | Year | If Under 24 Hours | Last birthday | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 108. KIND OF BUSINESS OR USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF lone during most of working life, even if retired) at Murch schild INDUSTRY WHAT COUNTRY whom Co. FATHER'S NAME 14. MOTHER'S MAIDEN WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) no or unknown) SECURIT INTERVAL BETWEEN CAUSE OF DEATH 20.1 260 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D ME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from September 27, 1963, to Copober 2, 1953 that I last saw the deceased alive on Colober 2, 1853, and that death occurred at 3 25 m., from the causes and on the date stated above. 23c. DATE SIGNED CREMA-BURIAL, CREMA-REMOVAL (Specify) 24B. DATE ION (dity, town, or county) RECEIVED BY REGISTRAR VS 150

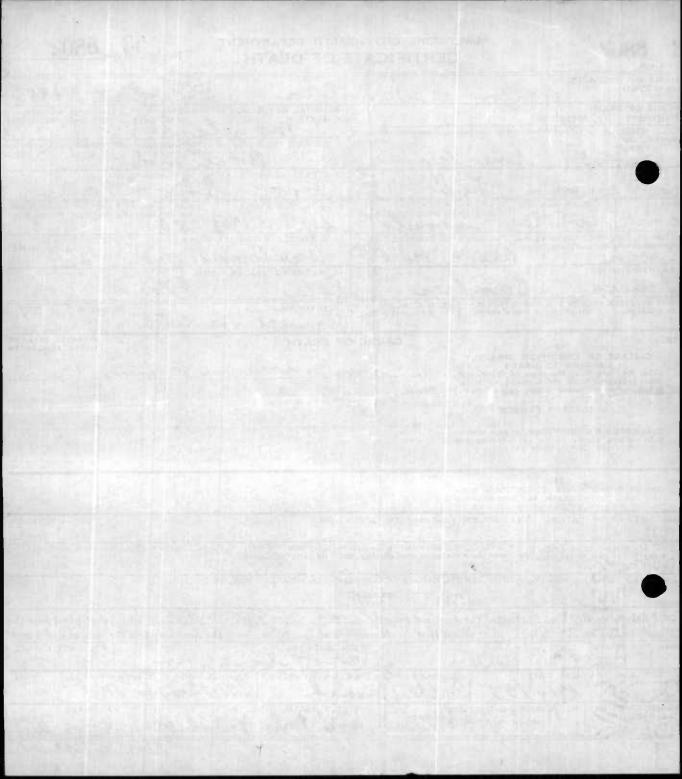


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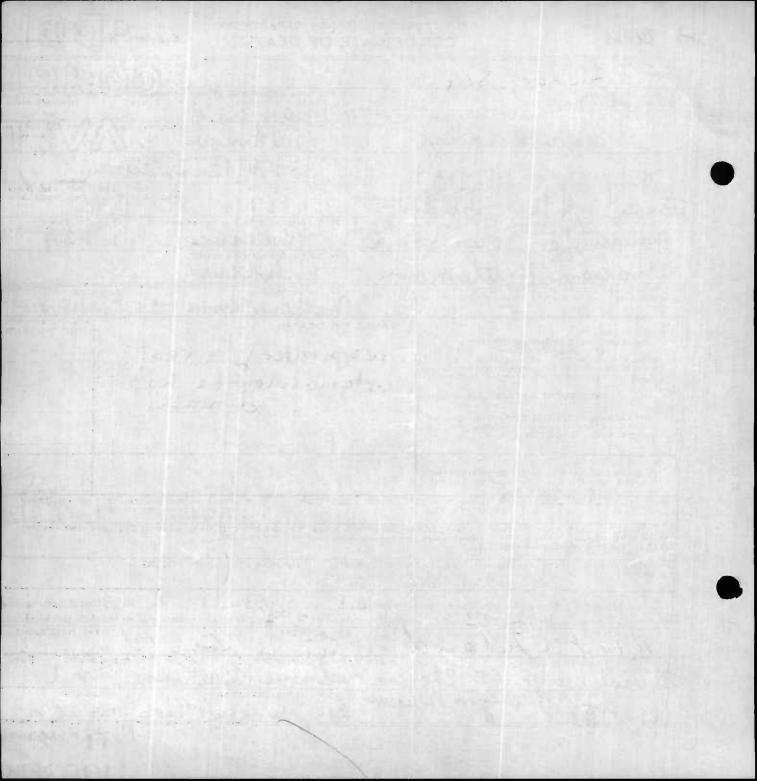
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8802

NAME OF DECEASED 2. DATE pe or Print) elen OF DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence Baltimore City, Maryland B. COUNTY before admission) FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location) (If outside corporate STITUTION ownship) Yrs. D. STREET ADDRESS Mos. Length of stay in Baltimore Can Days SEX 9. AGE (In years to flunder | Year | Il Under 24 Hours | Min. 6. COLOR OR RACE SINGLE, MARRIED, WIDOWED DIVORCED (Specify) SINGLE USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY store FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS no or unknown) (if yes, give war or dates of service) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH 200.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 19 49to Oct 2, 1953 that I last saw the deceased alive on O 1, 19 3 and that death occurred at 6.10 fm., from the causes and on the date stated above. 23A. SIGNATURE 23c, DATE SIGNED South (Loud 24D LOCATION (City, town, or county TE RECEIVED BY 25. FUNEAL DIRECTOR ADDRESS VS 150



5	37 8803 BIRTH NO.	6		ORE CITY HIERTIFICAT			Registered	No. 880	3
=	1. NAME OF DE (Type or Print)	SIN HOR	Sar	2h			OF DEATH	2-53	
	3. PLACE OF DE A. Baltimore Ci	ity, Maryland		give street address or	A. STATE	DENCE (Whe	B. COUNTY		esidence admission
	B. FULL NAME O HOSPITAL OR INSTITUTION	Sinai H	expets	location)		IN . (If our	side corporate lim	its, with RUR	AL and giv township
	c Length of sta	ay in Baltimore	76 uns	Yrs. Mos. Days	D. STREET ADD	N. J	al, give location)	ay	
		6. COLOR OR RACE	7. SINGLE, M WIDOWED,			7	. AGE (In years last birthday)	i base for h	Under 24 Hours ours Min.
7	10A. USUAL OCC	UPATION (Give kind of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or forei	gn country)	12. CITIZEN	OF OUNTRY
	abral		ettlen	an	14. MOTHER'S	MAIDEN NAM	E		
	15. WAS DECEASED (Yes, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16	SECURITY NO.	nathan	Sime		ADDRESS O	ret
	(This does heart failure injury or c	E OR CONDITION LEADING TO DEA' not mean the mode of, asthenia, etc. It mes complication which of	TH of dying, e.g., ans the disease, caused death.)	(A) TES	pirator pirator enio sel	orotice disco	rest hear	INTERVAL ONSET A	AND DEATI
4	RISE TO TH	OR CONDITIONS, I E ABOVE CAUSE (A) ING CONDITION LA	STATING THE	(B)					
	OTHER SIGN TO THE I	II IIFICANT CONDITIONS DEATH BUT NOT CONDITION CAUSING	RELATED TO TH						P4* 5000* 500 m2333 W 130
	19A. DATE OF		98. CONDITIO VAS PERFORME	N FOR WHICH O	PERATION		N WAS RELATED DEATH, ENTER PART II		NO
	OR CONTRIBU	NT WAS UNDERLY UTING CAUSE OF MEDICAL EXAMINE	about home	ACE OF INJURY farm, factory, street, office	(e. g., in or 21c. When bidg., etc.)	HERE DID (If	in Baltimore City	, give exact k	ention)
	21b. TIME (M OF INJURY	Month) (Day) (Year)	WH	INJURY OCCURR ILE AT NOT WHI	LECT	N DID INJUF	RY OCCUR?		
	22. I hereby deceased ali	ve on 0-2		ceased from 10- that death occu	rred at 3 3		causes and on		
	23A. SIGNAT	est Ce t	ulan	el M.D.	23B. ADDRESS	: (fo	entel	23c. DAT	-53
	24A. BURIAL, CI	REMADECITY) 24B. DATE	53 3	loma m	ushmeres	Bal	terrore	county)	(State)
	OCT 3	BY REGISTRAR	SSIGNATURE	Velliamo, 1	Sol- The	DIRECTOR 1	Bros -1	ADDRESS	20-
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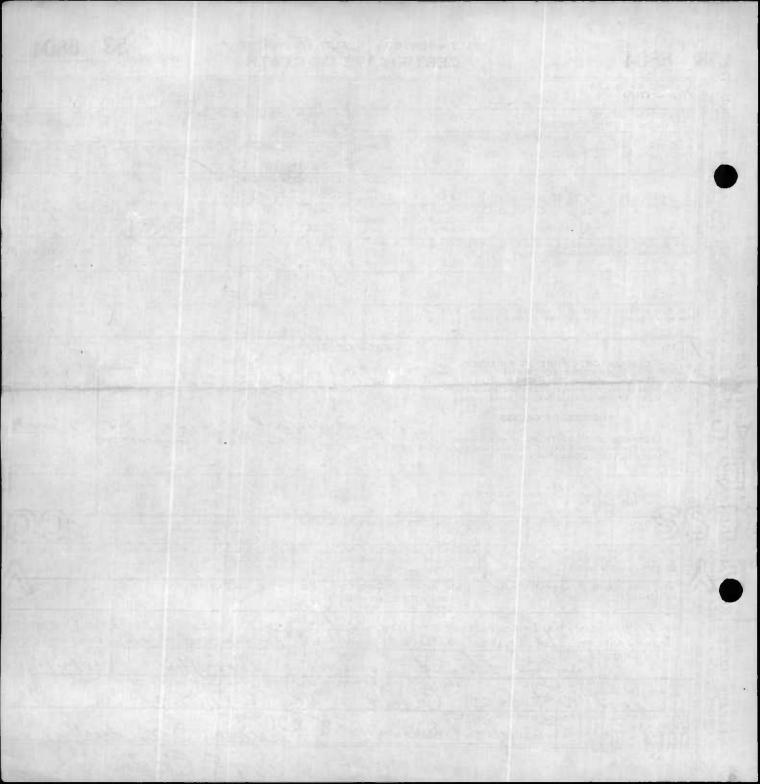
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8804

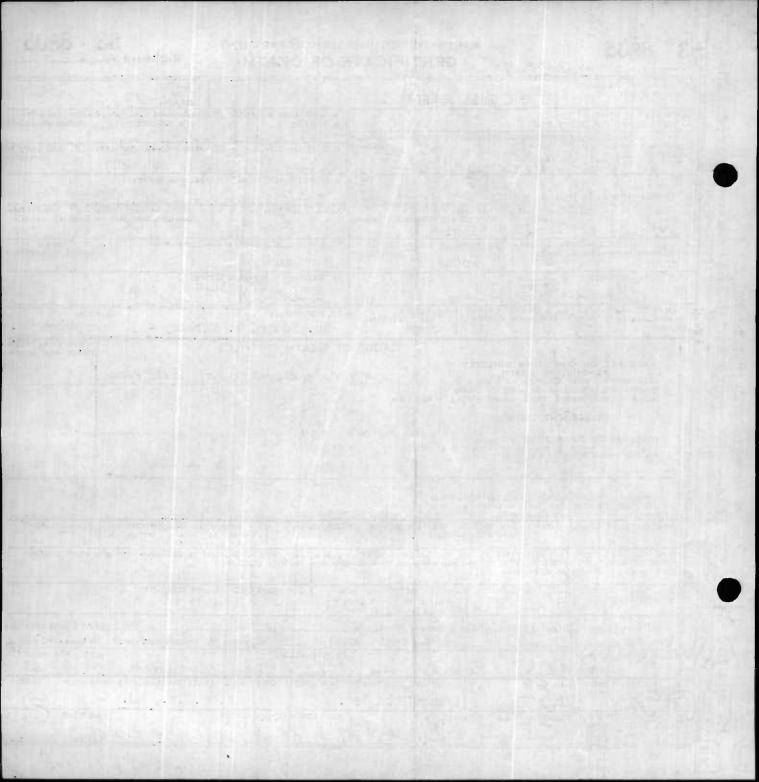
BIKITI NO.	
1. NAME OF DECEASED (Type or Print) NATHANIEL JENNINGS	2. DATE OF DEATH October 1, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before dimission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	Maryland
INSTITUTION 312 Worsley Street	C. CITY OR TOWN (If outside corporate limits, trile lett Al, and give township)
(9-40)	Baltimore
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	312 Worsley Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify) Married	June 16, 1905 9. AGE (In years last birthday) 9. AGE (In years last birthday) 48 9. AGE (In years last birthday) 48 Hours Min.
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
work done during most of working life, even if retired) Laborer	Crew, Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gable Jennings	Ida Jennings
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL.	17. INFORMANT ADDRESS
(If yes, give war or dates of service) SECURITY NO. Unknown	Alberta Jennings 312 Worsley Street
	DE DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	enia / wk.
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	frais C. 1 P 11/ 11:5 7
Z DISEASES OR CONDITIONS, IF ANY, GIVING	ENSIVE C-V RING Vis. 7 MOS.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	629. Failous Complements
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP	ERATION IF OPERATION WAS RELATED TO 20, AUTOPSY?
	PART I OR PART II YES NO
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (of about home, farm, factory, street, office by DEATH (NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F, HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	2/25 1953, to 10/1, 1953, that I last saw the red at 3 2 m., from the causes and on the date stated above. 38. ADDRESS 123C. DATE SIGNED
deceased alive on 9/30, 1953, and that death occur	red at 3 7. m., from the causes and on the date stated above.
	601 N. Cares 1/ton 10/2/53
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Shipped Oct 3-53 Crewe	Va CTRUE UR UR
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUMERAL DIRECTOR ADDRESS
OCT 3 - 1050 Tuntington Valiables Mg	Raumen () andere)
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()	210000000000000000000000000000000000000



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BALTIMORE CITY HEALTH DEPARTMENT

egistered No 8806

RTH NO.	CI	ERTIFICAT	E OF DEAT	H Re	gistered No.	0000
NAME OF DECEASED	cher Gress			2. DATI OF DEAT	Octobe	er 2, 1953
PLACE OF DEATH: Baltimore City, Maryland	Baltimere.		4. USUAL RESIDE A. STATE Maryland	NCE (Where deces		titution: residence before admission)
SPITAL OR STITUTION	eph's Hosp	location)	c. CITY OR TOWN	(If outside con	rporate limits, w	rite RURAL and give township)
		Yrs. Mos.	D. STREET ADDRE	,	_	
Length of stay in Baltimore	Life	Days	Box 338		Zone 6	
Male White	Single	DIVORCED (Specify)	Marely 18	last b		n I Year If Under 24 Hours S Days Hours Min.
A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired	f 108. KIND OF	BUSINESS OR	11. BIRTHPLACE			CITIZEN OF
Truek Farmer		_		rland	10	15a
. FATHER'S NAME	0		14. MOTHER'S MA	IDEN NAME		
. WAS DECEASED EVER IN U. S. ARM	· 470	22	Ellen	Todd		
(If yes, give war or da	tes of service)	SECURITY NO.	17. INFORMANT		ADD	RESS
18. 550.1	<u> </u>	NONE	OF DEATH	4axwell	149.40	INTERVAL BETWEEN
DISEASE OR CONDITION LEADING TO DE, (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I	ATH of dying, e.g., ans the disease, caused death.) USES IF ANY, GIVING) STATING THE	DUE TO QUE CB) DUE TO (C)	rested appearance of the period of the perio	edok cens yppu cetien	ud ivitir	
OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BU- TO THE DISEASE OR CONDITION	NOT RELATED	Jenerale	rod arter	isderost	b ,	
19a. DATE OF OPERATION	19B. MAJOR FI	NDINGS OF OPER				20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE about home, farm,	OF INJURY (e. g., i factory, street, office bldg.,	a or 21c. WHERE D		more City, give	exact location)
2 IME (Month) (Day) (Year	WHIL	. INJURY OCCURR BE AT NOT WHILE AT WORK	ED 21F. HOW DID	INJURY OCCUR	7	
22. I hereby certify that I a	ttended the dec	ceased from_Se	pt. 10 , 1957	, to Octobe:	r 2,19 57t	hat I last saw the
deceased alive on Oct. 2.	, 19_53. and	I that death occur	red at 6:30P m.	, from the causes	and on the c	date stated above.
23A. SIGNATURE	Row,	M. D.	1400 N. Car	roline St.	#13	10/2/53
4A. BURIAL, CREMA- 24B. DAVE ON, REMOVAL (Specify)	240	. NAME OF CEMETE	RY OR CREMATORY		(City, town, or	county) (State)
Barial 10/5/	53 0.	ven nott	Cen	005	R	alto und
ATE RECEIVED BY REGISTRAL CT 3 - 1058	ston Vu	liaura-, My		Fund	AI	DDRESS

10010

before admission)

M Under 1 Year

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

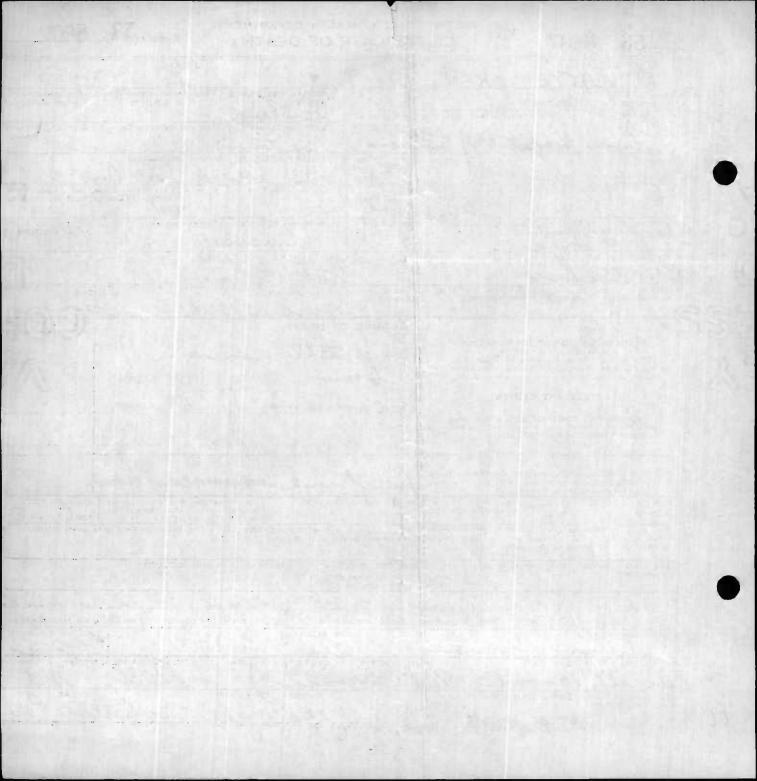
ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

ADDRESS

township)



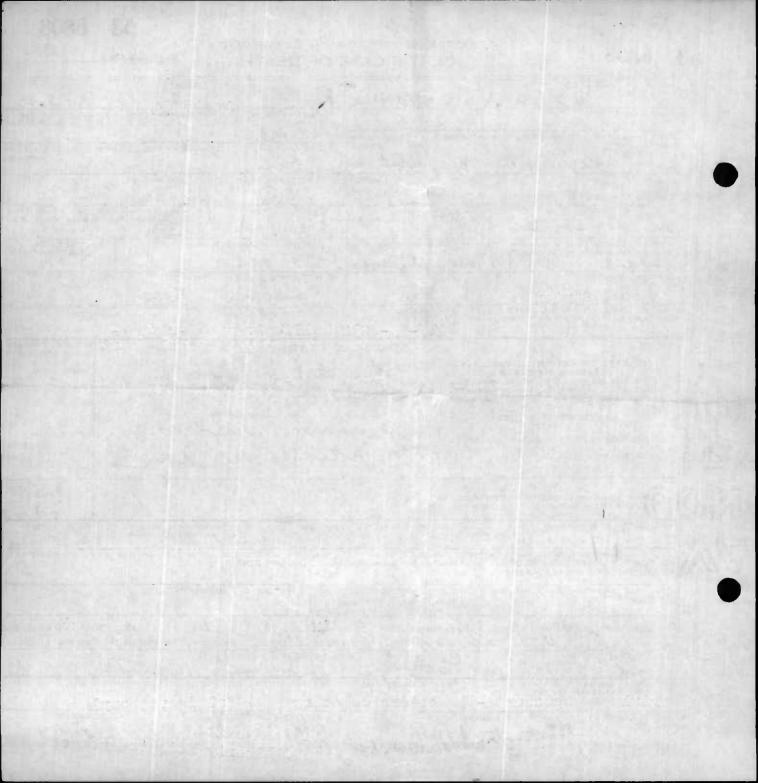
635 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH The BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland Raltimore A. STATE (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN INSTITUTION 051 Yrs. D. STREET ADDRESS Mos. c. Length of stav in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH information should be 10A. ISUAL OCCUPATION (Givekindof work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR NOUSTR Ma MAR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING our Burton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO causes Nellie 18. 472 FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH y (This does not mean the mode of dying, e.g., Ever RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: MARGIN Ï, H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CE OISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION EDICAL WAS PERFORMED important. PART I OR PART II 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg, etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially AT WORK 195 to 22. I hereby certify that I attended the deceased from 9-29 10-3 WRITE ge is espe 1952, and that death occurred atdeceased alife on 10 -Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS age 24A. BURTAL, CREMA TION, REMOVAL (Specify) LC. NAME OF CEMETERY OR CREMATORY PLEASE correct Western Cemetery burial October Baltimote DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR 150

4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give location) hessel 9. AGE (In years | Under 1 Year last birthday) Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ADDRESS Lemora Burton INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSYT CAUSE OF DEATH, ENTER IN 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)

_, 19 _ that I last saw the

ADDRESS

23c. DATE SIGNED



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BALTIMORE CITY HEALTH DEPARTMENT

53 8899
Registered No.

BIRTH NO.		C	ERTIFICAT	E OF DEA	П	ite gratered	110.
1. NAME OF E	DECEASED					2. DATE	
(Type or Print)		Eugene	C. Baxter				2, 1953
3. PLACE OF E	City, Maryland			A. STATE		B. COUNTY	f institution : residence before admission
B. FULL NAME		al or institution,	give street address or		aryland		
HOSPITAL OR			location)	C. CITT ON TO			its, write RURAL and g
0-4-1	3201 Ros	ekemp A			altimo	re Lural, give location)	11-02
T 41 C			Yrs. Mos.		1		
5. SEX	stay in Baltimore	7. SINGLE, M	Days MARRIED.	3201 Ro		9. AGE (In years)	It Under 1 Year If Under 24 Ho
male	white		DIVORCED (Specify)	Aug. 22,	1880	last birthday) N	Ionths Days Hours M
10A. USUAL OC	CUPATION (Give kind of	10B. KIND OF		11. BIRTHPLAC			12. CITIZEN OF
work done during most	of working life, even if retired) rk & Seal C		INDUSTRY	Baltimor	e Man	rland	U.S.A.
13. FATHER'S		0.		14. MOTHER'S			U.D.A.
James R	ichard Baxt	er		Addie			
15. WAS DECEAS	SED EVER IN U. S. ARME	D FORCES? 1	6. SOCIAL	17. INFORMAN	T		ADDRESS
(1es, no or unknown	(If yes, give war or date		2-09-7897	Mrs. Mar	the J.	Baxter, 3	3201 Roseka
18. //	1 4			OF DEATH	ozia os	243.002	INTERVAL BETWE
DISEA	SE OR CONDITION		4			0	ONSE! AND DEA
(This doe	LEADING TO DEA	of dying, e. g.,	(A) COCH	inene	a other	chymy	2 Heur
	ure, asthenia, etc. It mes complication which		DUE TO			1	
	ANTECEDENT CAUS	SES					
Z			(B)				
RISE TO	S OR CONDITIONS, I	STATING THE	DUE TO				A Transaction
N ONDERL	YING CONDITION LA	151.	(C)				***************************************
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	GNIFICANT CONDITIONS DEATH BUT NOT						Sit Hall I had
DISEASE	OR CONDITION CAUSING	G IT.					
1 1		19B. CONDITIONAS PERFORM	ON FOR WHICH O	PERATION	CAUSE O	F DEATH, ENTER	IN T
V 21A. ACCIE	ENT WAS UNDERLY	ING 218. P	LACE OF INJURY	(e. g., in or 210 W	FRE DID (R PART II If in Baltimore City	YES NO L
OR CONTRI	BUTING CAUSE OF	F about home	e, farm, factory, street, office	bldg.,etc.) INJUR	OCCUR?		
Z 21D TIME	(Month) (Day) (Year)	(Hour) 21E	. INJURY OCCURR	ED 21F. HC	LNI DID WC	URY OCCUR?	
OF INJURY			WORK NOT WH				
22 I home	by certify that I at		0.4		953 to 11	2 - 2 - 195	Sthat I last saw
deceased of	rlive on 9-24	1952 an	d that death occu				
23A. SIGNA	TUDE		/	23B. ADDRESS		1.01	23c. DATE SIGN
	-6.W.	lup	M. D.	4508 K	arle	40 14d	11.3-5
24A. BURIAL. TION, REMOVAL (CREMA- 24B. DATE Specify)	240	C. NAME OF CEMETI	ERY OR CREMATO	RY 240. LO	OCATION (City, tow	n, or county) (Stat
Buria	1 Oct. 6	1953	Tarkwood			ltimore, l	Maryland
LOCAL RECEIVE		'S SIGNATURE	0.8 2 2	251 FUNERAL			ADDRESS
4-1503	Musting	on Willi	ALLEN- ME	Leonard	J. Ruc	k, 5305 H	arford Rd.
VS 150	0		60	9032			
11			- /	-			

OT-6 4508 Harford Road Dr. Peake

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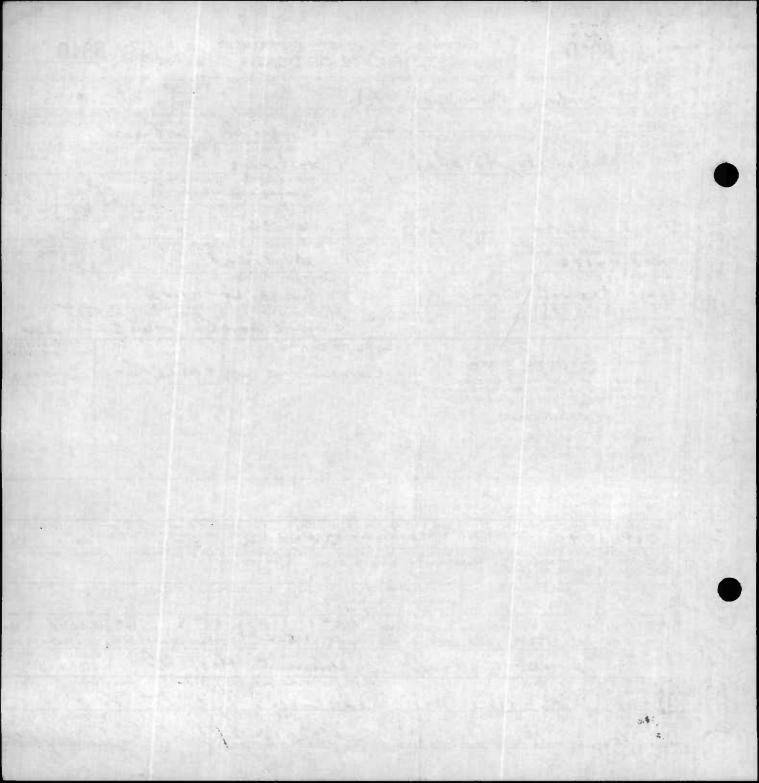
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53	8810

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 8810

	BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	3630
	1. NAME OF DECEASED (Type or Print) Simms	Manganet M		2. DATE OF OCT 3	,1153
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospita	al or institution, give street address or	A. STATE	here deceased lived. If ins B. COUNTY Balf (MORE)	titution: residence before admission)
	HOSPITAL OR INSTITUTION University	Hospital		outside corporate limits, v	vrite RURAL and give township)
	c. Length of stay in Baltimore	67 Yrs. Mos. Days	D. STREET ADDRESS (If r	ural, give location)	445 MARX
	Femal White	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	6- 22- 86		ns Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or to	reign country) 12	CITIZEN OF WHAT COUNTRY?
	John MAXWell S	imms	14. MOTHER'S MAIDEN NA		
	15. WAS DECEASED EVER IN U. S. ARMED (Yee, no or unknown) (If yee, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	307	RESS Sc/veolere
•	DISEASE OR CONDITION IN LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which es ANTECEDENT CAUSE (A) DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST	DIRECTLY H (dying, e. g., (A)		- Re Colon	INTERVAL BETWEEN ONSET AND DEATH
	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R O DISEASE OR CONDITION CAUSING	ELATED TO THE	-		
	0ct 1950 W	BB. CONDITION FOR WHICH OF	T COLON CAUSE OF	ION WAS RELATED TO F DEATH, ENTER IN R PART II	20. AUTOPSY?
	21A. ACCIDENT WAS UNDERLY!I OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER	about home, farm, factory, street, office	e.g., in or 21c. WHERE DID ()	If in Baltimore City, give	ve exact location)
	21D TIME (Month) (Day) (Year) (OF INJURY	(Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE M. WORK AT WORK	E	URY OCCUR?	
	22. I hereby certify that I attedeceased alive on OCT 2	, 19.53, and that death occur	3B. ADDRESS . A	e causes and on the	23c. DATE SIGNED
0	244. BURIAL, CROMA- 24B. DATE TION REMOVAL (Specify)	24C, NAME OF CENTER	CALVELLE HO	CATION (City, town, or	(State)
	DATE RECEIVED BY LOCAL REGISTRAR BEGISTRAR	SIGNATURE 3 0	25. FONERAD DIRECTOR	Juck 530	DORESS
	VS 150	HISTORY OF	1		1



supplied.

BINDING

FOR

RESERVED

MARGIN

PLEASE

Jo

item

Every

10/5/53 E.S.

Dr. Hardie called Dr. Morgan who verified diagnosis as correct. i.e. Schilder's disease, acute.

WRITE age ASE

24A. BURTAD CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

248. DA/TE

REGISTRAR'S SIGNATURE.

20. AUTOPSY IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN 21c. WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? , 195 that I last saw the 1953) and that death occurred at 12.58 AM from the causes and on the date stated above. 23c. DATE SIGNED ADDRESS 25. FUNERAL DIRECTOR

before admission) AUNE

If Under 1 Year

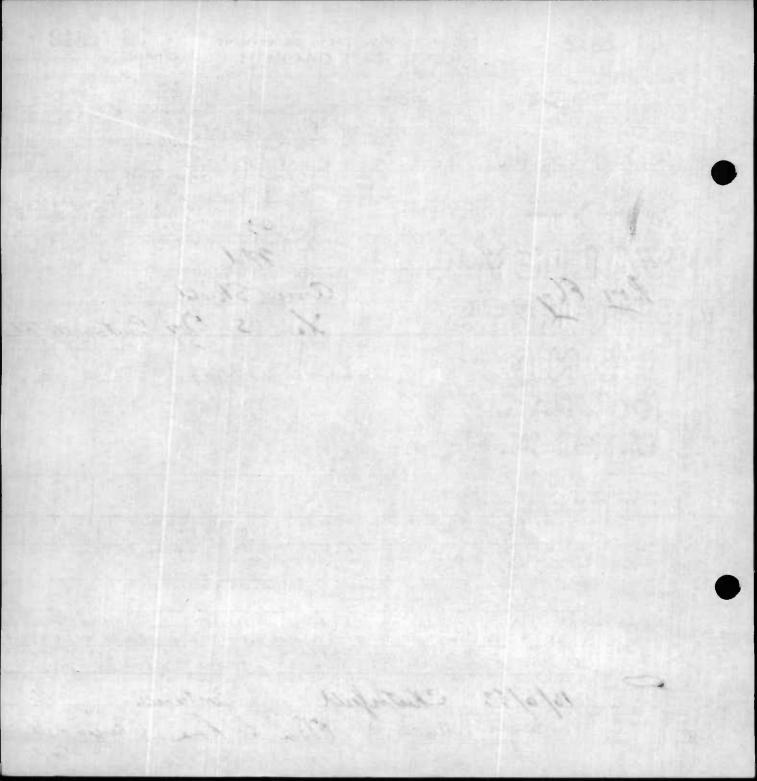
ADDRESS

12. CITIZEN OF

WHAT COUNTRY

INTERVAL BETWEEN

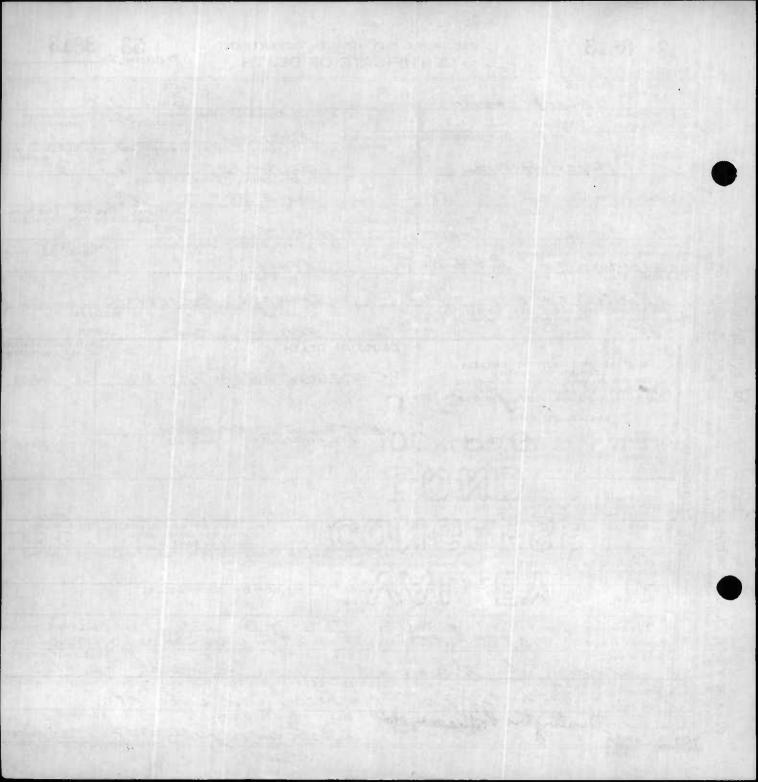
ONSET AND DEATH



BALTIMORE CITY HEALTH DEPARTMENT

CIC	A Topic		DEATH	
	AIF	()[-	LIFAIR	

	5	3	881	.3		TIMORE CITY HI			53	88i.3	
	BIR	TH NO	0.			CERTIFICAT	E OF DEA	TH	Registered N	0	
		AME pe or F	OF DEC		Canada				2. DATE OF	1==	
			OF DEA	TH: y, Maryland	CAMPISI		4. USUAL RES	IDENCE (W	here deceased lived, If i	nstitution: reside before adm	
	HOS	ULL N SPITAI	LOR	(If not in hos	spital or institut	ion, give street address or location)	c. CITY OR TO	VLAND NN (If	outside corporate limits	, write RURAL as	nd give
	3	7		ERCY HO	SPITAL	Yrs.		MORE	rural, give location)	-07	vnship)
0	c. I.	Lengt	h of sta	y in Baltimore	e	15 Mos.	30/ E	. 33 rd	57. (18)		
	5. S	EX	6	COLOR OR RAC	WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIF		9. AGE (In years If last birthday) Mon		24 Hours Min.
	IOA.	. USU	AL OCCL	PATION (Give kin orking life, even if reti	doff 10a. KIND	O OF BUSINESS OR	11. BIRTHPLAC		reign country)	12. CITIZEN OF WHAT COU	
	12		BORE		73 40	-T.T.	ITAL	Y		2	
	13,1		ER'S NAI				14. MOTHER'S	MAIDEN NA	ME		
	15	FK	ANCE	ES CAMI	P151		THERE		ROCISANA		
	(Yes, 1	no or un	aknown)	(If yes, give war or	dates of service)	16. SOCIAL SECURITY NO.	17. INFORMAN	Γ .	AL	DRESS	
		18.		1/00	re		BROTH	ER VIN	ICENT :	INTERVAL BE	
7	FICATION	hea: inju	rt failure, pry or co AN BEASES CO E TO THE	ot mean the mode asthenia, etc. It is mplication which which will be a condition to the conditions above cause (if condition)	means the diseas h caused death NUSES S, IF ANY, GIVIN (A) STATING TH	e, .) DUE TO	EENSINE A	NETERIO.S	LECOTIC ISENSE	31 211	-
	ERTI	TO	THE D	FICANT CONDITION	T RELATED TO						
	AL.			OPERATION CAUS		TION FOR WHICH OF	PERATION	CAUSE O	TION WAS RELATED TO F DEATH, ENTER IN OR PART II		Y?
	ED	OR CO	NTRIBU'	T WAS UNDER TING CAUSE MEDICAL EXAM	OF about	. PLACE OF INJURY (home, farm, factory, etreet, office	(c. g., in or 21C. Wholdg., etc.)			give exact location	on)
2 to Time (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK											
3		deeea	hereby assed alivers	e on 10/		deceased from and that death occur			10/3, 195. the eauses and on the		above
0	TION	Sur Sur	RIAL, CRE OVAL (Spec CEIVED	Octo	-1953 ARS SAAAA	HOST HOLD	ALLEN LASTE UNERAL	v 73	CATION (City, town,	ADDRESS /	State)
	LOC	CAL R	CEIVED	Hunting	Wille.	1000	Dentra	mili	10/E 1334	Alehane	les
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TE RECEIVED BY REGISTRAR'S SIGNATURE

BALTIMORE CITY HEALTH DEPARTMENT

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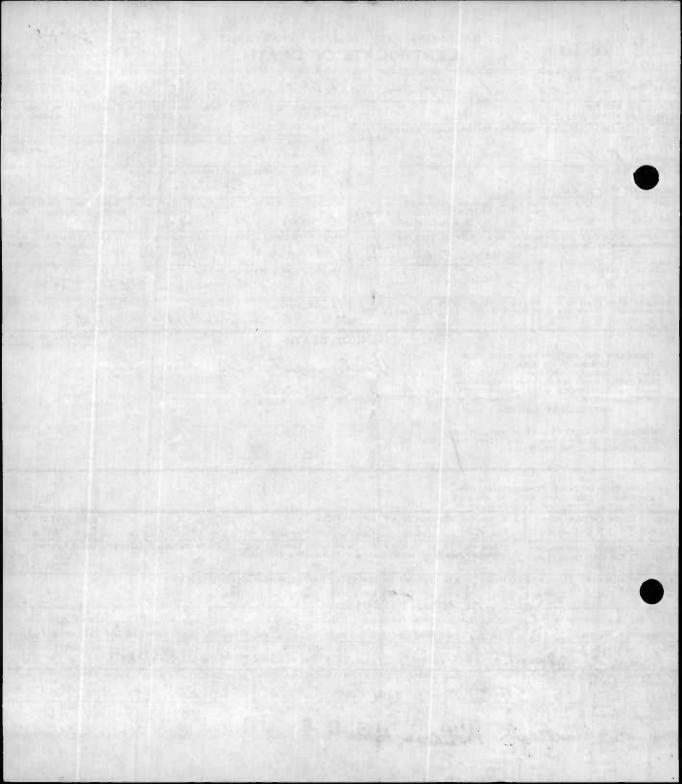
Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE ype or Print) OF Mrs. Winifred E. Mc Grane DEATHOCtober 2,1953 PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or FULL NAME OF SPITAL OR location) (If outside corporate limits, write RURAL and give St. Joseph's Hospital C. CITY OR TOWN STITUTION BALTI MORE 1400 N. Careline St. D. STREET ADDRESS (If rural, give location Yrs. Mos. Length of stay in Baltimore 504 Willow Ave. Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. F 5 A. USUAL OCCUPATION (Givekind of 11. BIRTAPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Hwfe. Baltimore JA. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary ANN Willis WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT no or unknown) (If yes, give war or dates of service) SECURITY NO Mc Grane 504 Willow 20 200 INTERVAL BETWEEN CAUSE OF DEATH 0.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Intestinal Obstruction (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Regional Ileitis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Generalized Arterio scleresis OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 22. I hereby certify that I attended the deceased from August 28, 1953, to October 2, 1953 that I last saw the deceased alive on October 219, 53 and that death occurred at 5:30 AM from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 1400 N. Careline St. A. BURIAL, CREMA N. REMOVAL (Specify) CREMA-24D. LOCATION (City, town, or county)

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are activities

53 88/5 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE DEATH Oct. 11953 CY bulski-CEBULSKI Leon PLACE OF DEATH: 4, USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore City, Maryland B. COUNTY before admission) norsland FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR (If outside corporate limits, write RURAL and give STITUTION ould Belt D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Days 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. Kent. 1 1909 44 narred A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? nd, BALTO, orler CROWN CORK + SEALCO 11.5 FATHER'S NAME 14. MOTHER'S MAIDEN NAME us anna KOZELSKA WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) SECURITY NO. MILDRED CYBULSKI SAME. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Introventricalin herren heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) QUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 194 DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION Sept. 27,5531 (If in Baltimore City, give exact location) 218, PLACE OF INJURY (e. g., in or) 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 215 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK 05 19___, to_ _, 19__, that I last saw the 22. I hereby certify that I attended the deceased from f.m., from the causes and on the date stated above. , 19____ and that death occurred atdeceased alive on 23B. ADDRESS SOUTH BALTIMORE GENERAL 10-1-53, 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) BURIAL, CREMA-N. REMOVAL (Specify) CEM. 17225 EASTERN AVE, BA.CO.MD LAWN 901 S. CONICLING 25. FUNERAL DIRECTOR TE RECEIVED BY CAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8816

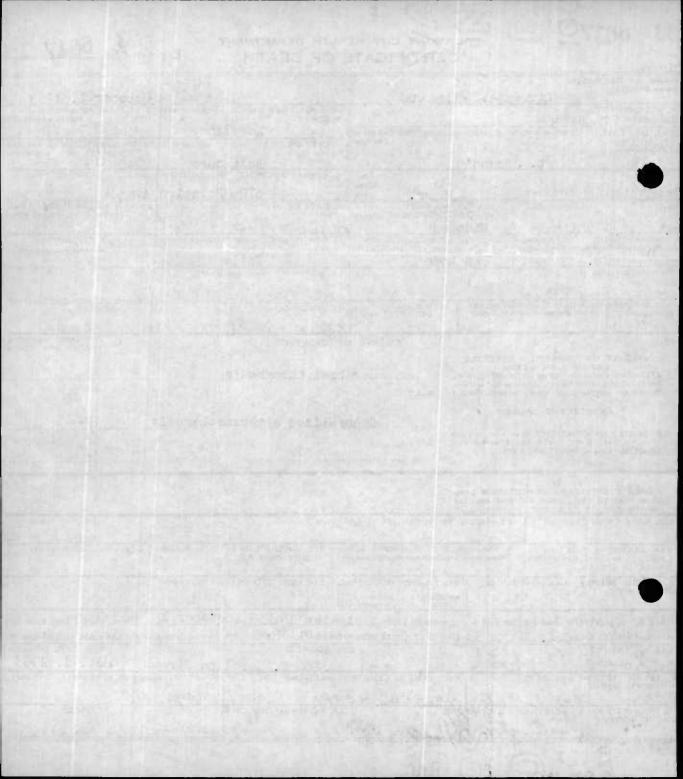
Registered No.__ IRTH NO NAME OF DECEASED Type or Print) 2. DATE OF Sr. M. Henrita Holtzer DEATH October 3,1953 PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence Baltimore City, Maryland A. STATE B. COUNTY before admission) FULL NAME OF (If not in hospital or institution, give street address or Maryland OSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give NSTITUTION Motherhouse of Notre Dame Baltimore Yrs. D. STREET ADDRESS (If rural, give location Mos. Length of stay in Baltimore 5 Mos. Davs 901 Aisquith 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) Il Under 1 Year last birthday) Months: Days Hours: Min. emale White April 1,1879 Single A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF k done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Religious Philadelphia B. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Holtzer Theresa Stockmann . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO. NO NO NONE Sr.M. Stan. Kostka 901 Aisquith Street INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disense, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198_MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 10/2/51 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 218 PLACE OF INJURY (e. s., in of 2 c. WHERE DID (If in Ba about home, form, foctory, street, office bldg., etch) INJURY OCCUR? (If in Baltimore City, give exact location) IME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY WHILE AT 22. I hereby certify that I attended the deceased from April 8,195319, to , 19___, that I last saw the deceased give on October 1.19 53, and that death occurred at 12.5 And from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED aul 1. AA. BURIAL, CREMA-ON, REMOVAL (Specify) 24D. LOCATION (City, town, or county) ATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR CAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

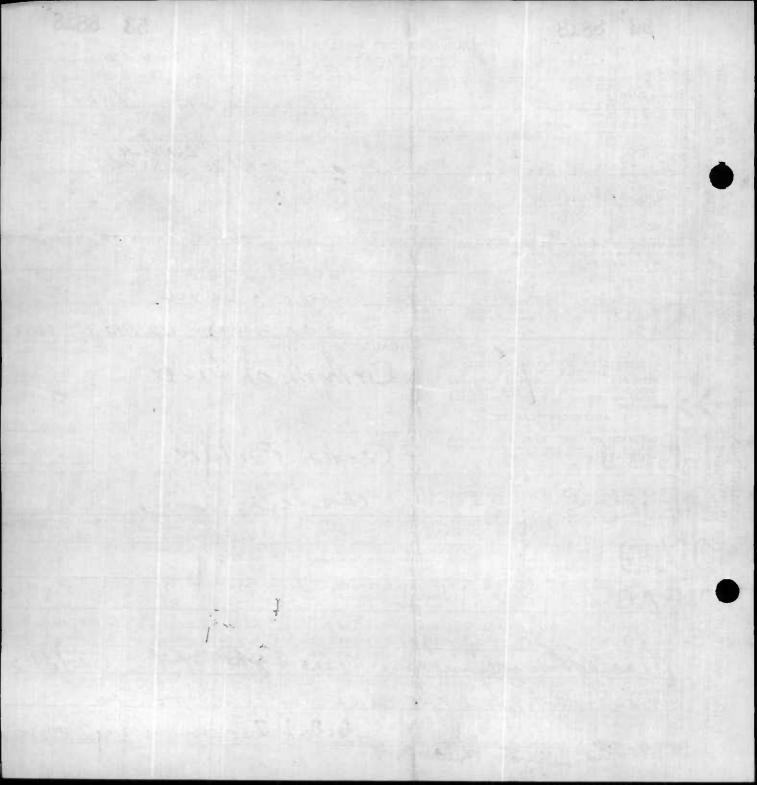
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NAME OF DECEASED 2. DATE vpe or Print) Litrenta, Filomana DEATH October 1, 1953 PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or FULL NAME OF (If outside corporate limits, write RURAL and give St. Joseph's Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. Length of stay in Baltimore 6706 Holabird Avenue Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years | ff Under I Year | Il Under 24 Hours last Lirthday) | Months: Days | Hours Min. WIDOWED, DIVORCED (Specify) emale Widowed White A. USUAL OCCUPATION (Givekind of 10E. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Hwfe. Own home Italy FATHER'S NAME 14. MOTHER'S MAIDEN NAME INCENT PORTO THERESA WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT no or unknown) SECURITY NO. 6706 HOLABIRD INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Cerebral thrombosis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Generalized arteriosclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from September 261953, to October 1 , 1953, that I last saw the __ 19_53, and that death occurred at 6: 15p m., from the causes and on the date stated above. deceased alive on Oct. 1 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 1400 N. Caroline Street Oct. 1, 1953 A. BURIAL. CREMA-N. REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) OCT 5, 1953 SACRED DUNDAGK. TE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS western FUNERAL HOME ZIIV DUPDALK

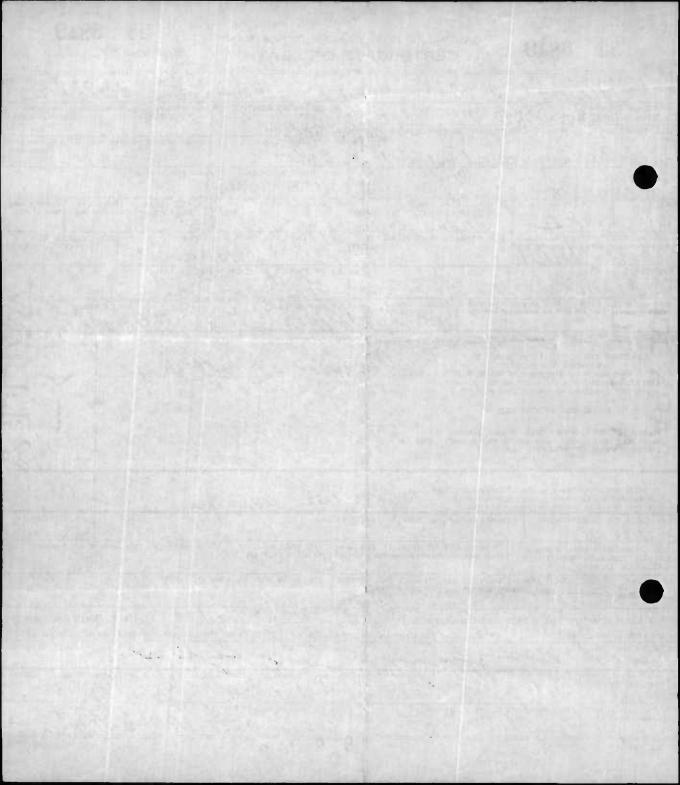


BINDING

FOR



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17 75	8819			EALTH DEPARTMENT	Registered	8819 No
RTH NO.			EKTII TOATI	L OI DEATH		
pe or Print)	VALTER	J. M.	ALKINSK	1	2. DATE OF DEATH	pt. 30.1953
Baltimore Cit	ty, Maryland	th Balto	. GeN. Hospiti	4. USUAL RESIDENCE	(Where deceased lived, I B. COUNTY	f institution : residence before admission)
SPITAL OR	F (If not in hospit	lator individuos	we at out add of or	C. CITY OR TOWN	If outside corporate limi	its, write RURAL and give
auth E	Pattimore G.	eneral H	sspital	Baltimore	27	township)
Length of sta	y in Baltimore		Yrs. Mos. Days	1429 Rey NOK	/,	
AA (a	COLOR DE RACE	WIDOWED	ARRIED, , DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	Under Year Under 24 Hours Hours Min.
	UPATION (Give kind of	108. KIND O	F BUSINESS OR	II. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
range	vorking life, even if retired)		INDUSTRY		and	WHAT COUNTRY?
FATHER'S NA	IIM.			14. MOTHER'S MAIDEN	NAME A	
WAS DECEASED	EVER IN U. S. ARME (If yes, give war or date	D FORCES?	6. SOCIAL SECURITY NO.	17 INFORMANT	1. O Pari	ADDRESS!
		47.	10-0924	OF DEATH	AD WOULD	INTERVAL BETWEEN
(This does theart failure	OR CONDITION LEADING TO DEA not mean the mode a sthenia, etc. It mes complication which	TH of dying, e.g., ans the disease,	(A) Car	curiu g l	eft Lung	DNSET AND DEATH
	NTECEDENT CAU	SES				
RISE TO THE	OR CONDITIONS, I E ABOVE CAUSE (A) NG CONDITION LA	STATING THE	DUE TD			
			(C)			
TRIBUTING	SNIFICANT COND	NDT RELATED	Muyo ca	deel dam	100-	
19A. DATE OF	OPERATION		INDINGS OF OPER		7	20. AUTOPSY?
Sept.30	1953		V			YES NO
	NT WAS UNDER- CONTRIBUTING DEATH		OF INJURY (e. g., infactory, street, office bldg.,		(If in Baltimore City,	give exact location)
	Ionth) (Day) (Year	(Hour) 21	. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
OFURY			LE AT NOT WHILE			
			ceased from Ju	ly 28 , 143, to J		3, that I last saw the
deceased alia	ve or of 30	, 19 an	d that death occu	rfed at GOO fm., from	the causes and on	the date stated above.
pone	THE ROLL	far	reney M. D.	1205 4	y hours	
A: BURIAL, CF N; REMOVAL (Sp	REMA- ecify) 24B. DATE	5 9 3	C. NAME OF CEMETE	RY DR CREMATORY 246	LOCATION (City, tow	n, or county) (State)
TE RECEIVED CAL REGISTR		S SIGNATURE	000	25-FUNERAL DIRECTOR	150/6	ADDRESS
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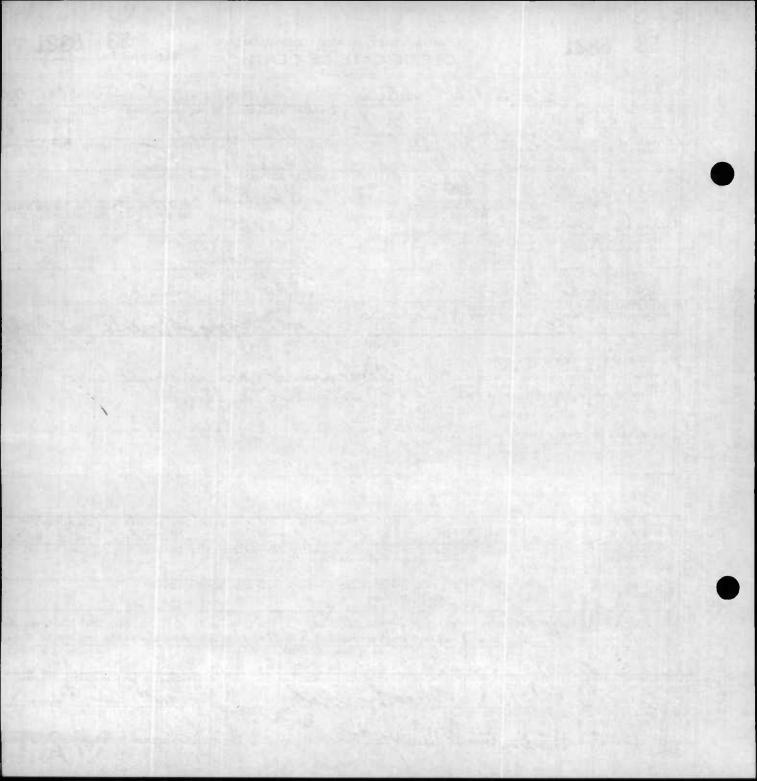
701 N. CARROLLTON AV. 9. AGE (In years | Number 1 Vear | Number 24 Hours | last birthday) | Months | Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS JULIA DINGLE(N) 507 W. HOFFMAN ST INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN 21c. WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? , 19___, that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 240 CATION (City, Town, or county) **ADDRESS** aucostar au

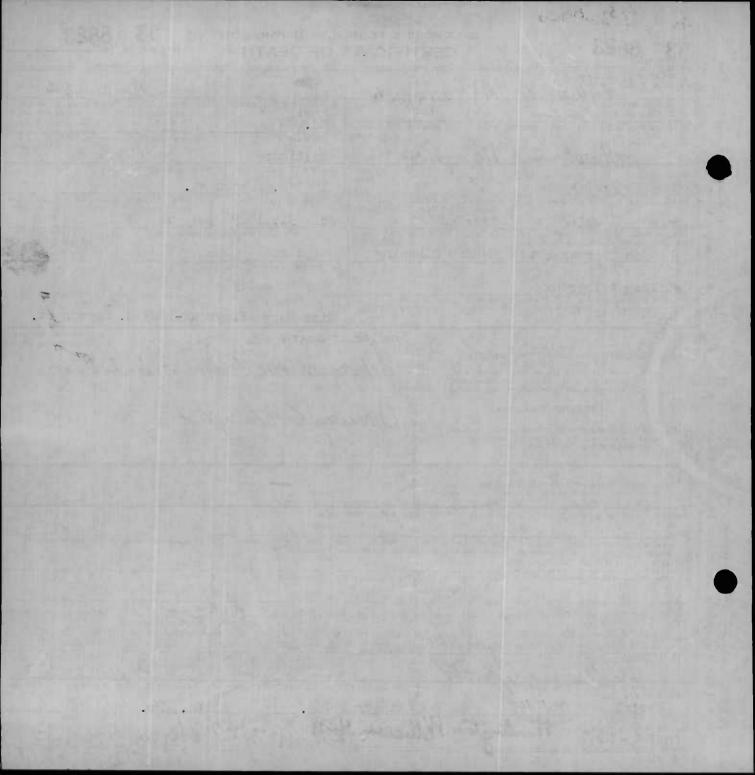
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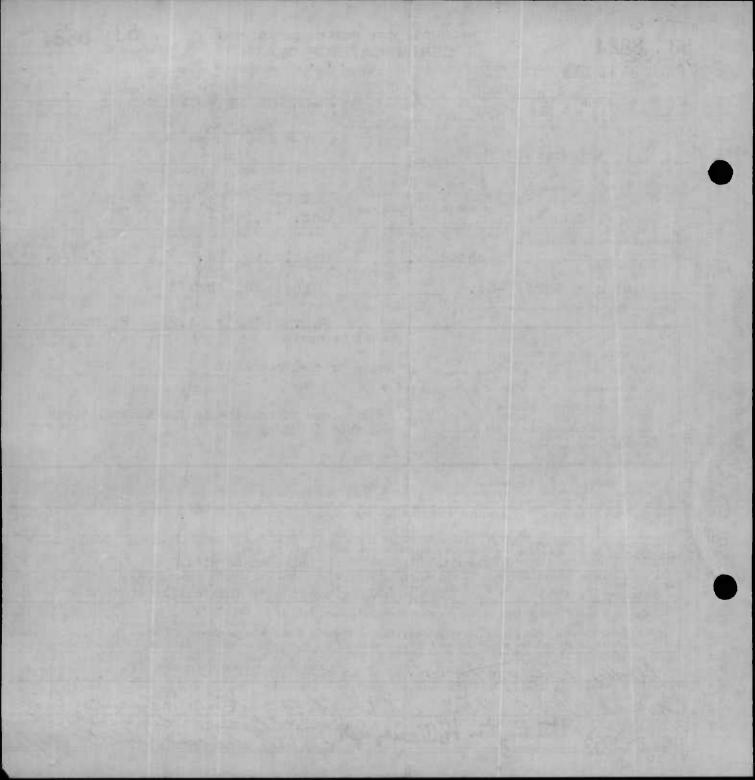
5-300			X	
	RTIFICATE	OF DEATH	Registered No.	8821
1. NAME OF DECEASED (Type or Print)	Stem		2. DATE OF Octob	Per 4, 1953
a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, given the content of the conte	ve street address or	4. USUAL RESIDENCE (WA. STATE	here deceased lived. If insti	before admission)
HOSPITAL OR University Hosp	Maryland	Westmin	outside corporate limits, wr	rite RURAL and give townshlp)
c. Length of stay in Baltimore	Yrs.	Rt. # 7	rural, give location)	600
5. SEX 6. COLOR OR RACE 7, SINGLE, MAI WIDOWED, D		11/24/86	9. AGE (In years last birthday) Months	Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) **Teacher** **Te	SUSINESS OR INDUSTRY	1. BIRTHPLACE (State or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME Samuel Carr		4. MOTHER'S MAIDEN NA	Smith	
	SOCIAL SECURITY NO.	7. INFORMANT	Atone Plane	ESS PORTOL
Z DISEASES OR CONDITIONS, IF ANY, GIVING	(A)		annatuis asis	ONSET AND DEATH
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLAC about home, far about home, fa	CE OF INJURY (c. g.	CAUSE O	F DEATH, ENTER IN	20. AUTOPSY? YES NO No exact location)
21D TIME (Month) (Day) (Year) (Hour) 21E.IN OF INJURY WHILE m. WOR		21F. HOW DID INJ	URY OCCUR?	
	hat death occurre	ed at 5:30 Am., from th		late stated above.
23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 24C. A. BURIAL, CREMA- 24B. DATE 24C. A. BURIAL, CREMA- 24B. DATE	1 45 4	a. ADDRESS Weresty Hope OF GREMATORY 240. JA	Belto-1, Md	3c. DATE SIGNED 10/4/53 county) (State)
TION, REMOVAL (Specify)	leador (Musqe (and ca	
DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR REGISTRAR	Sup Mar	5. FUNERAL DIRECTOR	Addar.	DORES
Ulvs 150 1555 1 million	1001	0 1	Nestruis	mol.

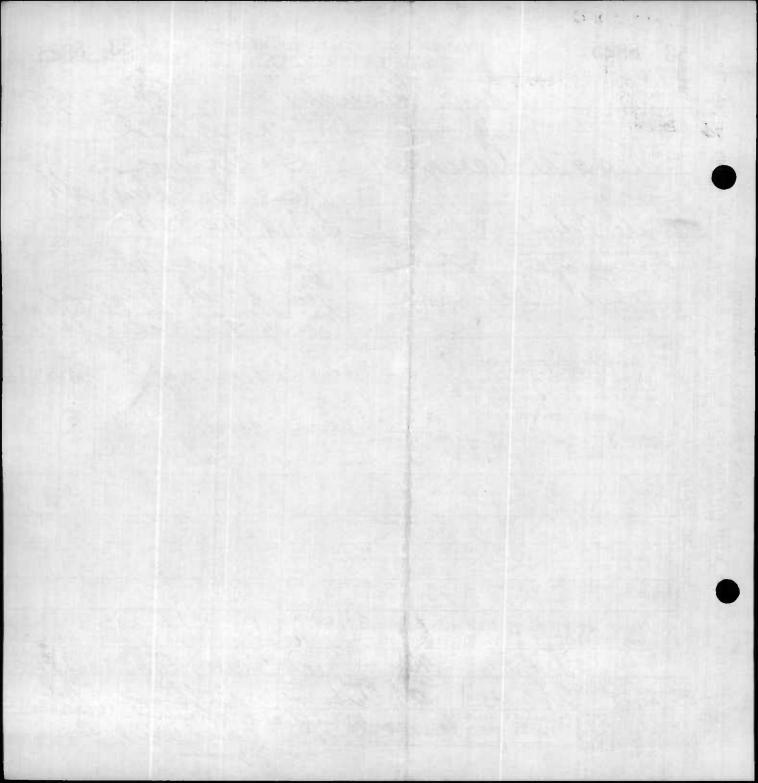




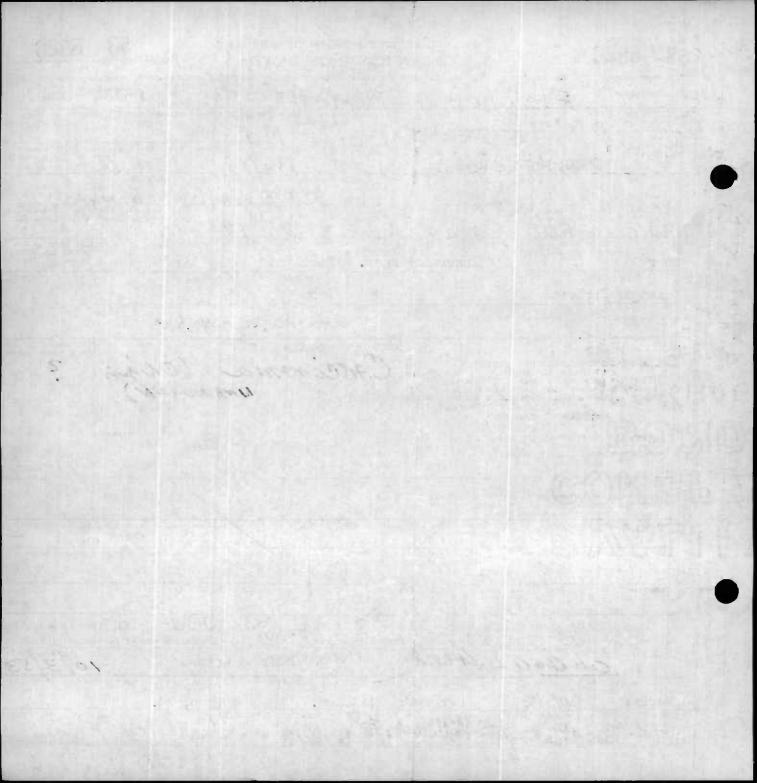
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MARGIN RESERVED FOR BINDING	UNFADING	Physicians:
	I, WITH	innortant.
	PLEASE WRITE PLA. I, WITH UNFADING INK. Every item of information should be callly su	ve is especially
	PLEASE	correct a

5	3 882 BIRTH NO.	24	BAI		EALTH DEPARTMENT	Registered N	. 8824
	. NAME OF D Type or Print)		EORGE	HARDY		2. DATE OF Octob	per 1, 1953
A		EATH: City, Maryland	Maryla	nd	4. USUAL RESIDENCE (Where deceased lived. If i	
H	FULL NAME HOSPITAL OR NSTITUTION	Lutheran Ho		ion, give street address o location		If outside corporate limits	, write RURAL and give township
	Towards of a		6Yr	Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)	
	SEX	6. COLOR OR RACE	7. SINGLE	Days MARRIED. (ED. DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years fit	Under 1 Year If Under 24 Hours ths: Days Hours Min
1	Male	Colored CUPATION (Givekindof		OF BUSINESS OR	Oct. 11,1946	6	
WO	rk done during most	of working life, even if retired)	Scho	INDUSTRY	Baltimore N	id.	U.S.A.
1		orge Hardy		1 16. SOCIAL	Gloria Blac	k well	
(Y	es, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT		DRESS
	(This does	SE OR CONDITION LEADING TO DEA's not mean the mode of the complication which of complication which of	TH of dying, e. (ons the disense	Acute	OF DEATH tracheobronchiti		INTERVAL BETWEE
ICATION	DISEASE RISE TO T UNDERL'	ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVIN	is and a	pe due to anesthe denoidectomy	sia for tonsil	lectomy
ERTIFICA		II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
L	I I I I I I I I I I I I I I I I I I I	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOFSY?
MEDICA	21a. EXTERIUNDERLYIN UTING [] C 21b. TIME OF INJURY	NAL CAUSE WAS GA OR CONTRIB- AUSE OF DEATH. Month) (Day) (Year)	HOSP	21E. INJURY OCCURR	Lutheran Hos	RY OCCUR? Syncope	ve exact location)
October 1, 1953 m. WHILE AT NOT WHILE X enesthesis for to AT WORK enesthesis for to Enesthesis for E							denoidectomy thereon and from day stated above
2	23A. SIGNA 4A. BURIAL. (S	TURE // Some n	MA	A	238. CHIEF MEDICAL ASSISTANT MEDICAL I.D. MEDICAL INVESTIGA	EXAMINER 230	DATE SIGNED
6	OCAL REGIST	P BY REGISTRA	195	3 ari	utus C	L Surer	ADTRES HONE
1	'S 151 is	1/ - 090	0		1601 101		7



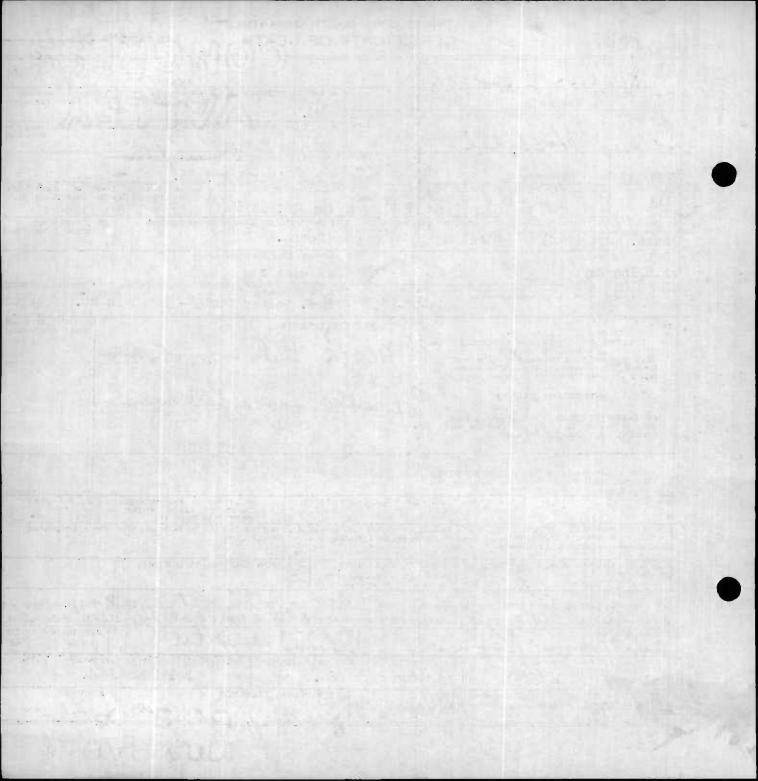


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5) 60.7F.	RTIFICATE O		Registered No	8888
(T	NAME OF DECEASED FLETCHEP	G Parle	#	2. DATE OF OCT	3 - 1953
A. B.	Baltimore City, Maryland Osler- FULL NAME OF (If not in hospital or institution, a	A. S		Where deceased lived, If ins B. COUNTY	stitution: residence before admission
	SEPITAL OR ISTITUTION OF THE PROPERTY OF THE P		BAlto.	outside corporate limits,	write RURAL and giv.
The same of	Length of stay in Baltimore SEX 6 [6,COLOR OR RACE 7, SINGLE, MA	Mos. Days	304 WA	rural, give location) b m ook H 9. AGE (In years)	Oder I Year If Under 24 Hours
	male white mar	rill 8	- 26-77 IRTHPLACE (State or fo	last birthday) Mont	hs Days Hours Min.
Wor.	k done during most of working life, even if retired)	ance Agcy. Ma	ryland		WHAT COUNTRY
	lexander Parlett	Lu	су		
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 8, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	NEORMANT NS HOPKINS HO	SPITAL	RESS
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	Noma Uns	(Osiginis	~
CER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING IT.	E			
SAL	WAS PERFORME		CAUSE C	TION WAS RELATED TO OF DEATH, ENTER IN OR PART II	YES NO
MEDIC	21A. ACCIDENT WAS UNDERLYING 21B. PL. OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	ACE OF INJURY (e. g., in farm, factory, street, office bldg., etc	21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, g	ive exact location)
	OF INJURY WHI	INJURY OCCURRED LE AT ORK AT WORK	21F. HOW DID IN		
	22. I hereby certify that Lattended the dec deceased alive on 3 -, 1953, and	that death occurred a	t 246 Am., from t	9-3-, 19 3	date stated above
	23A. SIGNATURE L. CHE	22 M. D. 230H	NS HOPKINS HO		10/3/53
Ti	Burial 10/5/53 Pro	NAME OF CEMETERY OR DSPECT Hill Cem	. Tow	ocation (City, town, or	
7	ATE RECEIVED BY REGISTRAR'S SIGNATURE	Jamas, MP 25	UNERAL DIRECTOR	ichened	PORESS
	VS 150			Sueto-1	7. MID.



5	3. 88	2'7		ВА	CERTIFICAT				Registere	6No 88	217
1.	NAME OF I	ARL		SHO	CKEY				2. DATE OF DEATH	x 2	153
Α.	Baltimore	City, M	Iaryland		-	A. STA	TE	DENCE (V	Where deceased lived B. COUNTY		: residence ore admission)
Н	FULL NAME OSPITAL OR ISTITUTION	OF ((If not in hospit	al or institu	tion, give street address (location		OR TOV	VN (If	outside corporate li	mits, write RI	JRAL and give township)
-	Sino	1	Noop	lal	Yrs.		ddle F		rural, give location)	354	
4	Length of	stay in	Baltimore		Mos. Days			rthorn			
5.	SEX		OR OR RACE	WIDO	E. MARRIED, WED, DIVORCED (Specif	y)	16, I		9. AGE (In years last birthday)		Hours Min.
		of working	ION (Give kind of life, even if retired)	108. KIN	D OF BUSINESS OR	11. BIR			oreign country)	12. CITIZ WHA	EN OF T COUNTRY!
	. FATHER'S	NAME				14. MO	THER'S	MAIDEN N	AME		
-	avid Sho					Ad	elaide)		574	
Y e	5. WAS DECEAS 18, no or unknown NO	ED EVER	IN U.S. ARMEI	of service)	16. SOCIAL 213-07-4010	17. INF	· Walt	ter Car	le - 380 Ma	ADDRESS in St.,	Chatham
こうこくうしにとう	DISEASE RISE TO UNDERL	ANTEC	enia, etc. It meneration which (EEDENT CAUS ONDITIONS, I VE CAUSE (A) ONDITION LA II NT CONDITIONS BUT NOT I	caused deat ES FANY, GIVI STATING T ST. CONTRIB RELATED T	NG (B) ASSOCIATION (C)	lle /	nyo	eordi	almfori	itu	
7	19A. DATE		RATION 1		TION FOR WHICH CORMED	PERATIO	N	CAUSE C	TION WAS RELATED OF DEATH, ENTER OR PART II		UTOPSY?
	OR CONTRI	BUTING	AS UNDERLY	about	B. PLACE OF INJURY t home, farm, factory, street, offi-	(e. g., in or ce bldg., etc.)		OCCUR?	(If in Baltimore Ci	ty, give exact	location)
AF	21D. TIME OF INJURY	(Month)	(Day) (Year)	(Hour) m.	21E. INJURY OCCURE WHILE AT NOT WE AT WO	HILE	21F. HO	W DID IN-	JURY OCCUR?		
	22. I here deceased a	live on	ify that I att	ended the	e deceased from and that death occi	Oct urred at_ 238. ADD	8 PM	53, to m., from t	Oct Z, 19 he causes and on	the date s	last saw the tated above.
	wil	ha		012	uan M.D.	Au	au f	toop	u		2-53
FI	TA. BURIAL. ON. REMOVAL (Irial	CREMA- Specify)	10/5/5	3	Loudon Park		REMATOR	24D. L	Baltimor		(State)
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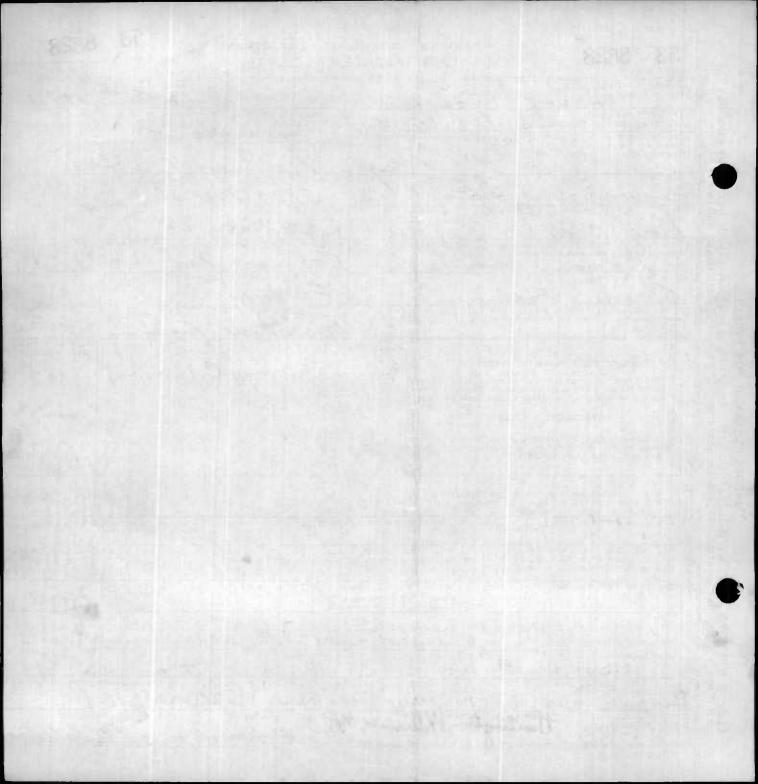
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VS 150

BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH 2. DATE OF DEATH Get 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give Yrs. ADDRESS (If rural, give location) Mos. Days Il Undet I Yout 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In year. last birthday) | Months | Days | Hours | Min. WIDQWED, DIVORCED (Specify) 0 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO RTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY WAS PERFORMED CAUSE OF CEATH, ENTER IN PART I OR PART II 21A. ACCIDENT WAS UNDERLYING | 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK , 1933 that I last saw the 22. I hereby certify that I attended the deceased from. 1953, and that death occurred at 10.48 m., from the causes and on the date stated above. 238. ADDRESS 23C. DATE SIGNED j 24A. BURIAL, CREMA- 24B TON, REMOVAL (Specify) ADDRESS PUNERAL DIRECTOR DATE RECEIVED BY TURE



NAME OF DECEASED

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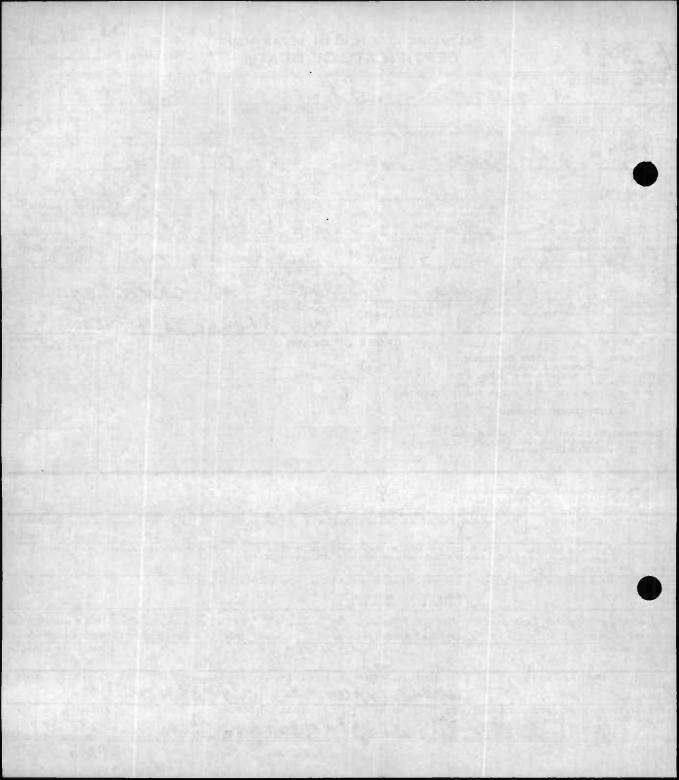
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8829 Registered No.

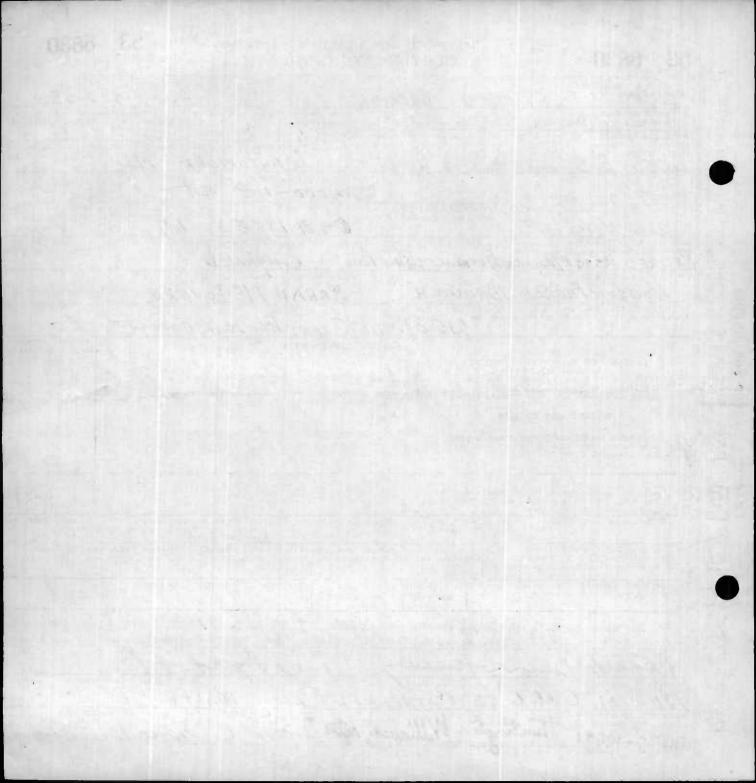
2. DATE

OF

loverce DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence Baltimore City, Maryland A. STATE before admission) ULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN TITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. length of stay in Baltimore Days 6. COLOR OR RACE Conder | Year 7. SINGLE, MARRIED 8. DATE 9. AGE (In years) BIRTH If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF one dyring most of working life, even if retired) INDUSTRY WHAT COUNTRY? House wife ome 1.54 FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FOR S? no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or ebout home, farm, factory, street, office bidg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! aug 10 195 5 to 1953 that I last saw the 22. I hereby certify that I attended the deceased from. 1953, and that death occurred at 2.304 m., from the causes and on the date stated above. deceased dive on (742 23A. SIGNATURE 23c. DATE SIGNED BURIAL, CREMA-24B. DATE TE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS REGISTRAR VS 150



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		BALTI	MORE CITY HI	EALTH DEPA	RTMENT	5.	3 8	830
8830 No.						Registere		000
E OF DECEAS: Print)		ARD	BROUGH			2. DATE OF DEATH	0-2	-83
	aryland			A. STATE	SIDENCE (W)	nere deceased lived B. COUNTY	If institu	tion: residence before admission)
AL OR UTION	T in a	an an an		C. CITY OB TO			mits, write	RUPAL and give township)
ath of stay in	Roltimono	KAMAN	Yrs. Mos.	D. STREET AD	DRESS (If r			
			MARRIED.	8. DATE OF BI	RTH	9. AGE (In years last birthday)	If Under 1 Months 1	est Hours 24 Hours Days Hours Min.
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D. STREET ADDRESS (If rural, give location) 222 S. Augusta Avenue 9. AGE (In years) If Under I Year last birthday) Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF U.S. A. Baltimore Maryland ADDRESS Mrs Hilda E. Jannett INTERVAL BETWEEN ONSET AND DEATH "Arteriosclerotic cardiovascular disease 20. AUTOPSY (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 238. CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR Velles 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248 DATE 24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) Burial 1953 Park Cemetery Oct. Baltimore Maryland Laudan Sons Inc. DATE RECEIVED BY Henry Sander & REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 151 is

BALTIMORE CITY HEALTH DEPARTMENT

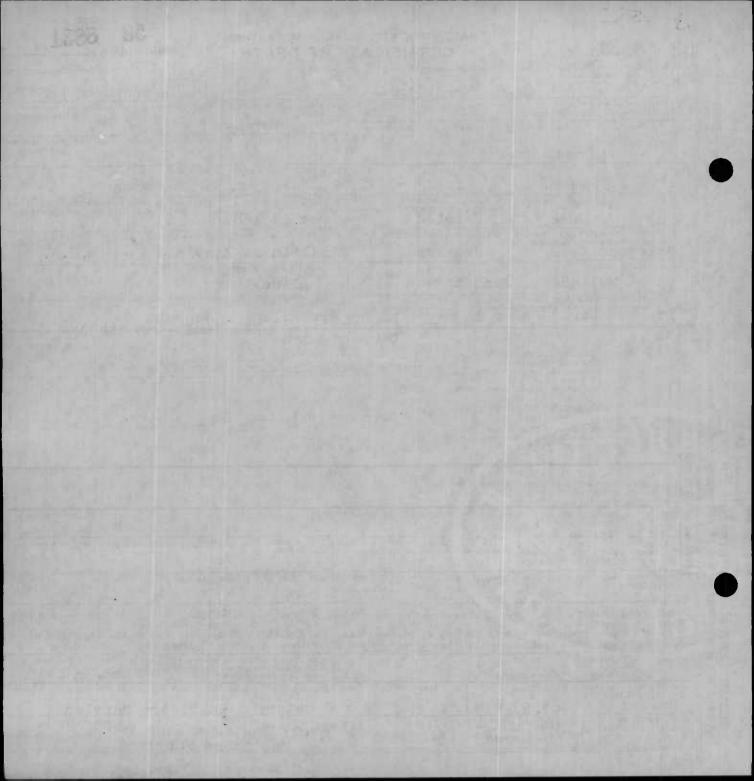
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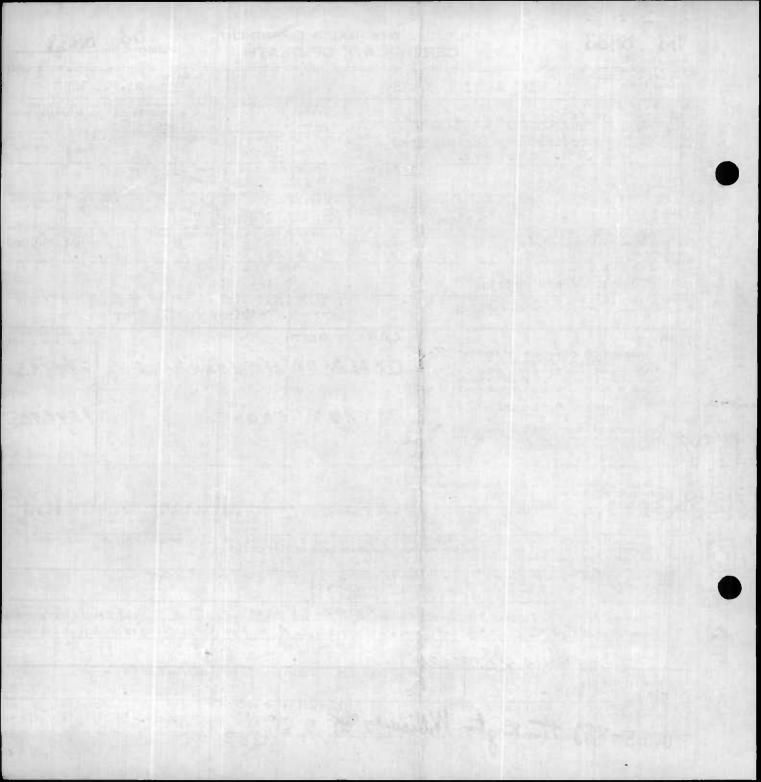
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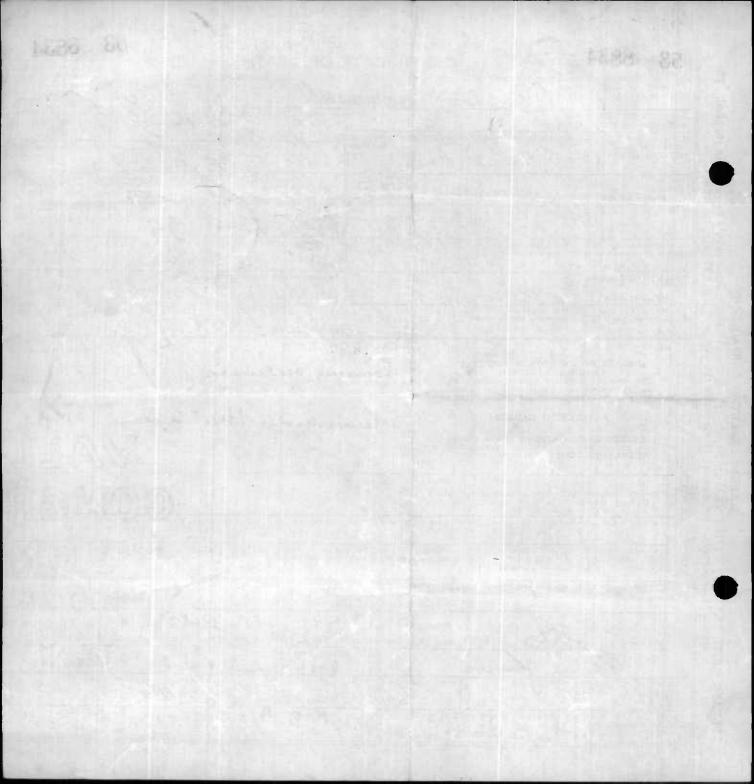
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0	CERTIFICATI	E OF DEATH Registered No. 8832
T.	1. NAME OF DECEASED	2. DATE
ed.	(Type or Print) Adeline Willheim	DEATH October 2,1953
ppli	3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission
ly supplied.	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give
	1009 South Bouldin Street	Baltimore /- 0 (township
e ca legib	c. Length of stay in Baltimore 77 Years Mos. Days	o. STREET ADDRESS (If rural, give location) 511 South Chester Street
should be early and l	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIOOW	
information shous of death clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany 12. CITIZEN OF U.S.A.
matio	13. FATHER'S NAME * Weidenhoeft	14. MOTHER'S MAIDEN NAME
infor of d	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO.	17. INFORMANT 1519 East 28 thousest.
ry item of in	NO NONE CAUSE	Mr Christian W. Bretall
UNFADING INK. Every Physicians: please write th	ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	riosclerotic Cardio-vascular 2 ys Renal Disease
HH I	DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	CAUSE OF DEATH, ENTER IN
, WITH	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office	PART I OR PART II YES NO Le. g., in or bldg., etc.) INJURY OCCUR?
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TE	deceased alive on OCL.Z, 19 53, and that death occur	rred at $9 \cdot 40^{\circ}m$., from the causes and on the date stated above 23s. ADDRESS
WRITE ge is esp	Clarence W. Les Loux M.O.	3023 Eastern Ave. 10/3/53
SE t ag	24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETE 100 REMOVAL (Specify) Oct. 6, 1953 First Evange	elical Cem. Baltimore Maryland
PLEASE W	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR LEONS INC.
	Thurtington Hanges	Baltimore Maryland
	vs 150 1350	Deorge Sander

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3	HOSPITAL OR INSTITUTION	Methodist Ho 2211 W. Roge	me for rs Ave.	9	c. CITY OR TOWN	re	27.	, write RURAL and give township
0	c. Length of s	tay in Baltimore	7 CINCLE	life Yrs. Mos. Days	D. STREET ADDR 4006 W.	Roger	S Ave.	Under 1 Year If Under 24 Hous
	female	white	wid	owed	June 22, 18	380	73 Mon	nths Days Hours Min
		CCUPATION (Give kind of of working life, even if retired)	10B. KIND	INDUSTRY	Baltimore,	Md.		U. S.
	Thor	mas Edward Wa	OLL ALLO		Hele	en Wier	man	
	(Yes, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	Harry H. Wa	tkins	3711 Eger	ton Road
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an an	24A. BURIAL, TION, REMOVAL (S Burial	CREMA: 24B. DATE Specify) 10 - 5	- 53	24c. NAME OF CEMETE Western		Bal	timore, Md.	
1100	DATE RECEIVE LOCAL REGIST		SSIGNATI	Williams A	FUNERAL DI		Sons, Inc19	ADDRESS 00 Eutaw Plac





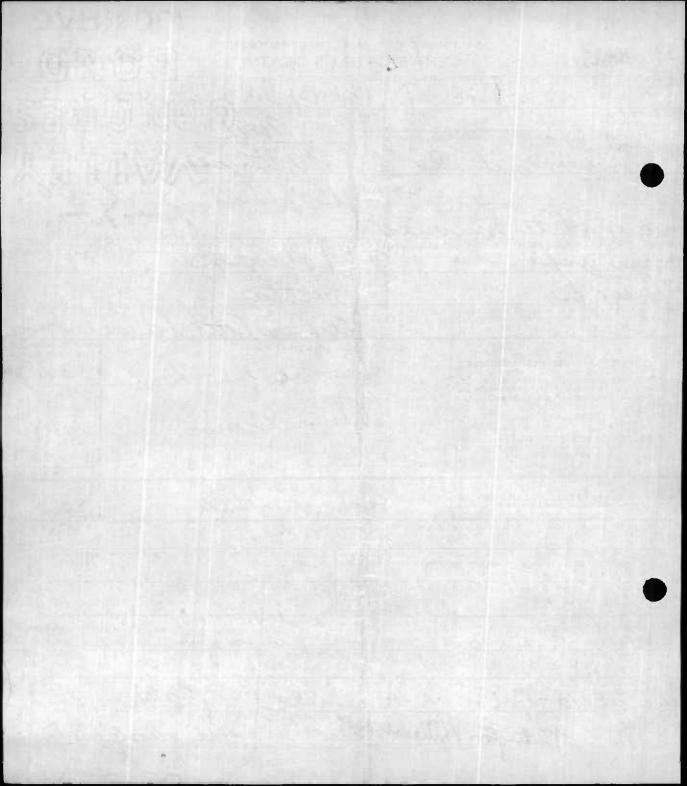
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53 8835

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Register 230 8835

1111 1101	
NAME OF DECEASED JENNIE TITT	LEBAUM 2. DATE OCK, 5, 53
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY Fore admission
FULL NAME OF (If not in hospital or institution, give street address or location)	
Levendale	Baltimore township
Yrs.	D. STREET ADDRESS (If rural, give leation)
Length of stay in Baltimore SEX [6.COLOR OF RACE 7. SINGLE, MARRIED,	8. DATE F BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Heury
male white married	
USUAL OCCUPATION (Give kind of constant of	11. PUSTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
FATHER'S NAME	1 oland
Hers Name	14. MOTHER'S MAIDEN NAME
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17 INFORMANT ADDRESS
n or unknowo) (If yes, give war or dates of service) SECURITY NO.	Claron Tattle baum - town
18. 331 X and 260 X CAUSE	OF DEATH INTERVAL BETWEE
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(This does not mean the mode of dying, e.g., (A)heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	- cu conocage
ANTECEDENT CAUSES	10.
(B)	lerio clerosis Jean
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	07.10-
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	abeles mellitus years
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION SO. AUTOPSY?
21A. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (e. g.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING aboot home, farm, factory, street, office bldg.	
ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED OF URY	
m. WHILE AT NOT WHILE MY WORK AT WORK	
22. I hereby certify that I attended the deceased from	2 - 4, 19 4, 40 [0-5, 193] that I last saw th
deceased alive on 10 - 5, 1953, and that death occu	erred at 7 2m., from the causes and on the date stated above
Henry Ragel M.D.	devindele Home 10-5-53
N REMOVAL (Speciar)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
	FUNERAL DIRECTOR ADDRESS
5 - 1 Tientington Philliam 19	THEK beautice 2100 Gulow 1)
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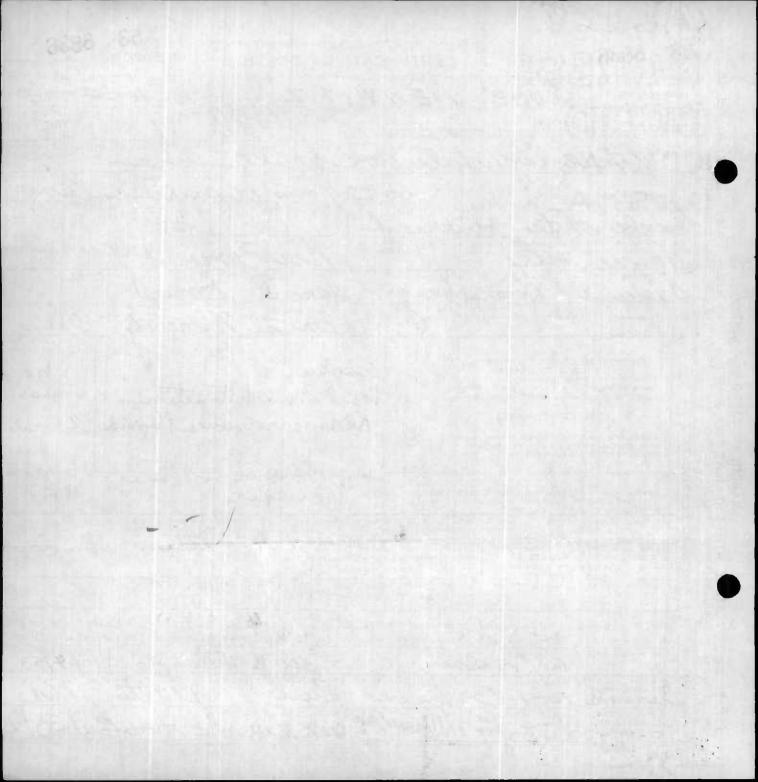
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	IRTH NO.				
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H	IOSPITAL OR /	tal or institution, give street address or location)		utside corporate limits, v	vrite RURAL and give
11	NSTITUTION Haven /	crowy Home	Haltimo	rls	township)
c	. Length of stay in Baltimore	60 Mom	2.305 Cle	ural, give location)	load
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ATION	DISEASES OR CONDITIONS, I	STATING THE DUE TO			
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LI LU	DISEASE OR CONDITION CAUSING				
O	19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OF		ION WAS RELATED TO	20. AUTOPSY?
¥		ING 218. PLACE OF INJURY (PART I OF	R PART II	YES NO Y
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Σ	210. TIME (Month) (Day) (Year OF INJURY			JRY OCCUR?	
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	22. I hereby certify that I at	tended the deceased from	an 1913 to 1	074 1913	that I last saw the
	deceased alive on 9/30	_, 1953, and that death occur		e eauses and on the	date stated above.
	23A SIGNATURE		220 ADDRESS		23c. DATE SIGNED
	a ruemos (c	M. D.	2320 heters		1074/5-
T	248. BURIAL, CREMA- YON, REMOVAL (Specify)	244 NAME OF CEMETE	TWO SANTORY 24D. LO	- Cation (City Crive), or	County) (State)
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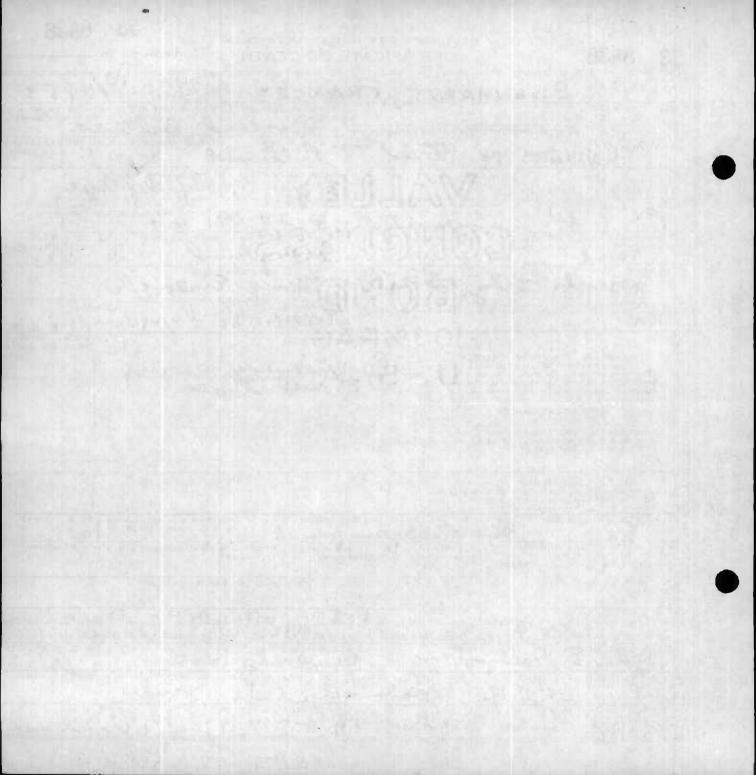
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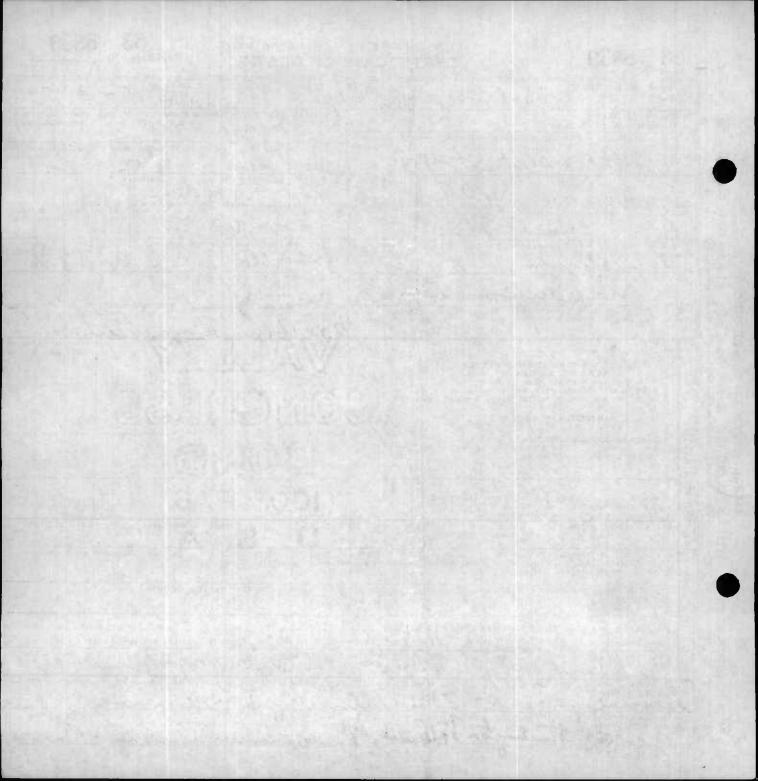
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12. CITIZEN OF

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	53 BIRTH	88 No.	39			CEF	RTIFIC	CATE	E OF	DEA.	TH	Reg	istered No),	
	1. NAM (Type or	E OF DE	CEASED	Fra	nk B	Benya	imin	B	09/2			2. DATE OF DEATH	10-	-3-	-53
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	HOSPIT		1	ide	et i	Hos,	Dital	cation)	c, CIT	Y OR TOW	IN. (II	outside corp	orate limits,	write RU	RAL and give township
legibh	c. Leng	gth of st	ay in Ba	altimore	60	5		Yrs. Mos. Days	D. STR			rural, give lo	cation)		
and	5. SEX		6.COLOF	loved	WIDO	LE, MAR	VORCED (8. DAT	E OF BIR	TH -1887	9. AGE (1) last bir	n years if the	nder l Year tha Days	Hours Min.
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correct		RECEIVED		EGISTRA	R'S SIGNA	TURE	Cauca	M	DAX	NEKAL D	TRECTOR	Jan	Herest	addres	istee
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l	53 88
	1. NAME OF DEC (Type or Print)
ı	A. Baltimore Cit
	B. FULL NAME OF HOSPITAL OR INSTITUTION
	c. Length of sta

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

8840 53 Registered No.

BIRTH NO.		CERTIFICAT	E OF DEA	In management	
1. NAME OF E (Type or Print)	DECEASED	Anna Marie Horris		2. DATE OF DEATH Oct.	1,1953
B. FULL NAME HOSPITAL OR INSTITUTION	City, Maryland 32	220 Belair Rd. (13) alor institution, give street address or location)	3220 Bele	VN (If outside corporate limits,	before admission)
c. Length of	stay in Baltimore	Yrs. Mos. Days		RESS. (If rural, give location)	
5. SEX Female	6.COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIR	loot hinthday) Mont	hs Days Hours Min.
10A, USUAL OC work done during most	CCUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR NONe INDUSTRY	Baltimore		2. CITIZEN OF WHAT COUNTRY
13. FATHER'S		n Rose	14. MOTHER'S Ellen Mc(
15. WAS DECEAS	ED EVER IN U. S. ARME. (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Miss Anne		er Rd. 13
DISEASE RISE TO UNDERL	s not mean the mode of ure, asthenia, etc. It mose complication which of antecepent CAUS S OR CONDITIONS, IFHE ABOVE CAUSE (A)	FANY, GIVING STATING THE DUE TO		arteris ocloorte de	
TO THE	II GNIFICANT CONDITIONS DEATH BUT NOT OR CONDITION CAUSING	RELATED TO THE			
19A. DATE	OF OPERATION 1	98. CONDITION FOR WHICH O VAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	YES NO
OR CONTRI	ENT WAS UNDERLY BUTING CAUSE OF TIFY MEDICAL EXAMINE	about home, farm, factory, street, office		ERE DID (If in Bultimore City, g OCCUR?	ive exact location)
21b. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE	W DID INJURY OCCUR?	
	live onlest 1		rred at 7 A	53, to Oil 7, 1953 m., from the causes and on the	
24A. BURIAL, TION, REMOVAL (Buria)	CREMA- 24B. DATE Specify) Oct.6/5	24c. NAME OF CEMETE	ERY OR CREMATOR	24D. LOCATION (City, town, o	r county) (State)
DATE RECEIVE	ED BY REGISTRAR	S SIGNATURE	PUNERAL D		rleans St 31

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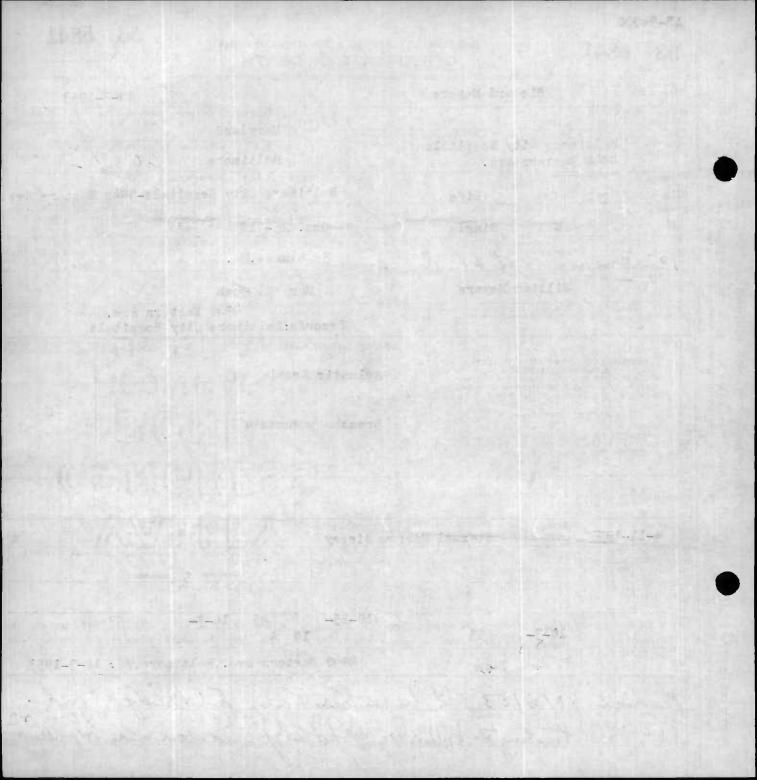
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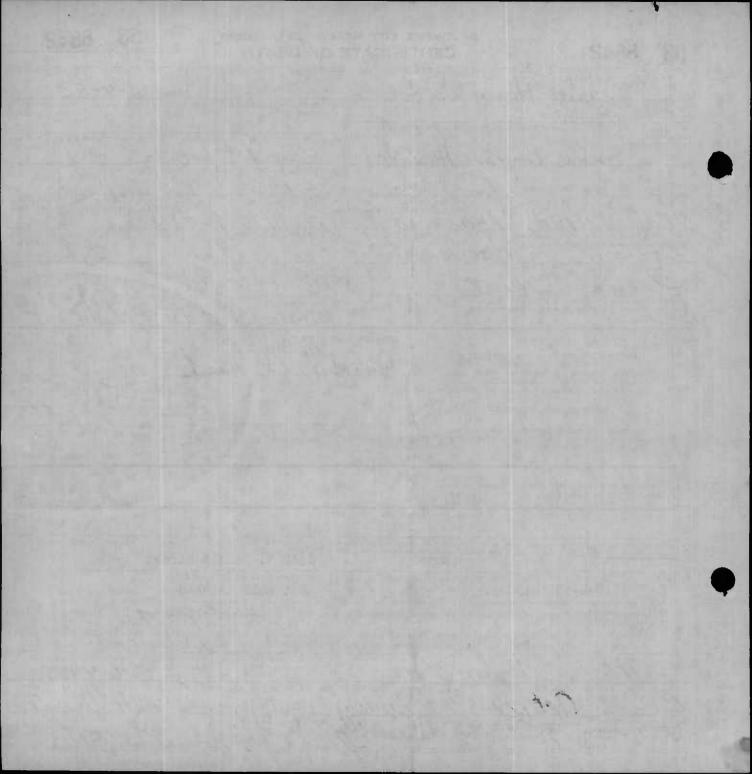
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P	53 88	341	ВА		E OF DEATH	Registered 1	Vo	
1.	NAME OF D	ECEASED Rie	hard Me	yers	78.004	2. DATE OF 10-	-3-1953	
A	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or				4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)			
11	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL ORBALTIMORE City Hospitals location) INSTITUTION 4940 Eastern Ave. Yrs. Mos.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimere 26 / iownship D. STREET ADDRESS (If rural, give location)			
1								
-	c. Length of stay in Baltimore Life Days 5. SEX [6.COLOR OR RACE] 7. SINGLE, MARRIED.				Baltimere City Hespitals-4946 Eastern Ave			
	M	W	Sing	NED, DIVORCED (Specify	Oct. 25- 1884	last birthday) Mo	onths Days Hours Min.	
Mot	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. R.				Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY			
13	13. FATHER'S NAME William Meyers				14. MOTHER'S MAIDEN NAME Mary E. Bush			
1 ! (Ye	5. WAS DECEASE as, no or unknown)	ED EVER IN U.S. ARI	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT 4940 Records: Baltimore	Eastern Ave	QDRESS	
RTIFICATION	(This does heart failu: injury or DISEASES	SE OR CONDITIO LEADING TO DI not mean the mod re, asthenia, etc. It n complication which ANTECEDENT CA S OR CONDITIONS HE ABOVE CAUSE ('ING CONDITION	EATH of dying, e. heans the disea caused deat USES IF ANY, GIVI	g., (A) Apls se, h.) DUE TO (B) Brown	astic Anemia		ONSET AND DEATH	
CERTIF	TO THE DISEASE O	II NIFICANT CONDITIO DEATH BUT NOT R CONDITION CAUS	RELATED T	O THE	~			
AL	6-11-1	953	WAS STREET	ition for which o	CAUSE O	TION WAS RELATED T F DEATH, ENTER I OR PART II		
MEDIC	OR CONTRIB	NT WAS UNDERLIBUTING CAUSE	OF about	B. PLACE OF INJURY home, farm, factory, street, office	(e.g., in or 21c. WHERE DID (bbldg., etc.)			
2	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OF INJURY OCCUR? WHILE AT WORK AT WORK					E TO LET HE		
	22. I hereby	y certify that I dive on 10-3-	ttended the	TA	-25- , 1945 , to 10		3, that I last saw the	
	23A. SIGNAT	TURE # pol	mæy.		938. ADDRESS 1940 Eastern Ave.,	Baltimore,Md	23c. DATE SIGNED 10-3-1953	
	ATE RECEIVED	l 10/6	/3-3 R'S SIGNATI	24c. NAME OF CEMETE Stagus URE Williams	ents Gem 25 FUNESAL RIPECTOR Company Company	lkridge	ADDITION (State) ADDITION OF THE PROPERTY OF	

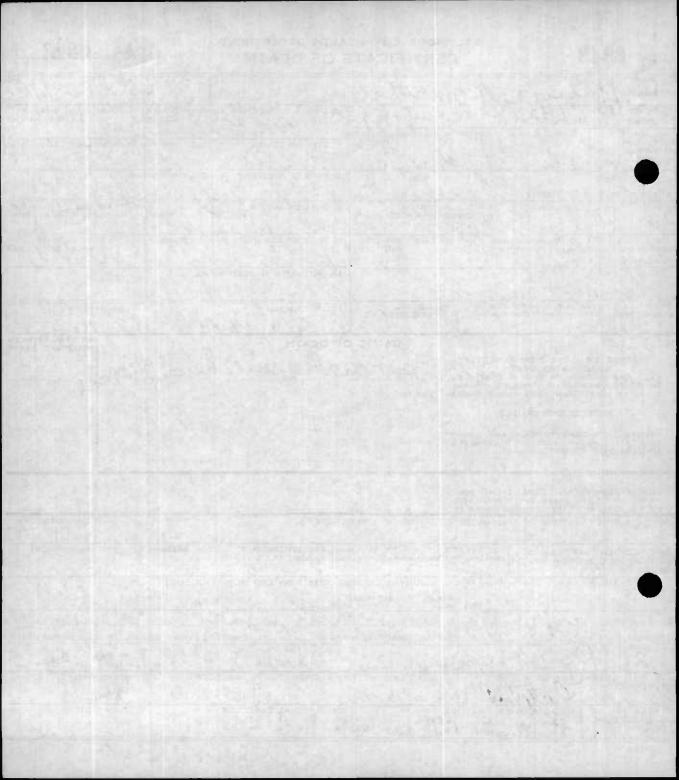
VS 150



Registered No. 8842 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Henry West DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION . township) D. STREET ADDRESS (If rural, give logation) Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) should be learly and le 9. AGE (in years) If Under 1 Year last bifthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work do no during most of working life, even if retired) 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF Lel Co. WHAT COUNTRY information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or ooknown) (If yes, give war or dates of service) SECURITY NO of CAUSE OF ONSET AND DEATH item DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB-UTING TO CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1810 E. Biddle Street home 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 10-4-53 4:30 A. WHILE AT Shot self in head AT WORK 22. I certify that I took charge of the remains described above, held an _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [, accident [, suicide], homicide [, undetermined] 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY (State) 24A. BURIAL, CREMA-TION REMOVAL (Specify ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 151



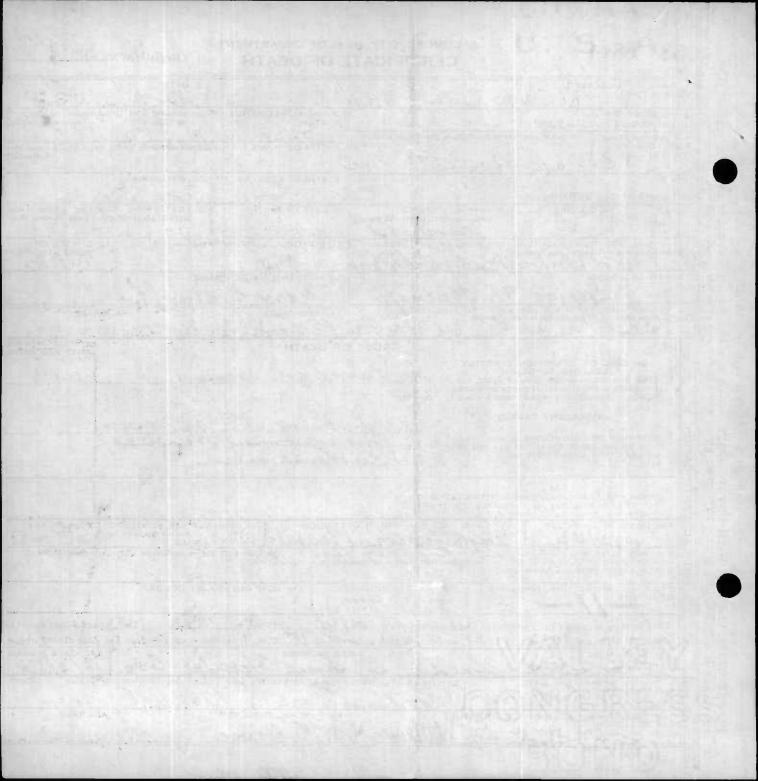
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 8843 CERTIFICATE OF DEATH ON HTS NAME OF DECEASED 2. DATE pe or Print OF DEATH PLACE OF DEATH . USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE Baltimore City, Mar B. COUNTY before admission) (If not in hospital or institution, give street address or ULL NAME OF SPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give Yrs. Mos. Length of stay in Baltimore Days SEX 6. COLOR OR RACE AGE (In year | Woder I Year | Woder 24 Hours | In Under 24 Hours | Months: Days | Hours | Min. S/NGLE, MARRIED 9. AGE (In year WIDOWED, DIVORCED (Specify) . USUAL OCCUPATION (Givekind of) 1/1. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF lone during most of working life, even if retired) WHAT COUNTRY? INDUSTRY reserve FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL 17. INFORMANT ADDRESS oo or uokoown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., lo or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ME WHILE AT NOT WHILE WORK MORK 22. I hereby certify that Lattended the deceased from Ithat I last saw the deceased dive on and that death occurred at. from the causes and on the date stated above. 23B. ADDRES 23c. DATE SIGNED 23A. SLON. BURIAL, CREMA REMOVAL (Specify 24D. LOCATION (City, town, or county) (State) OR CREMATORY unal TE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS CAL REGISTRAR VS 150



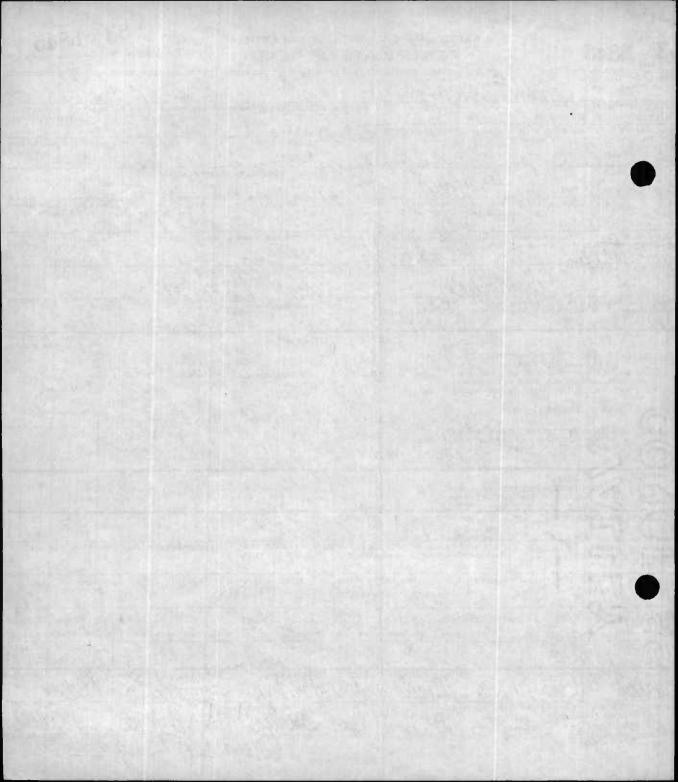
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ITY	OR TOWN (If	outside corporate lin	Um	~ a.	RALBI	nd give
			53	00	tow	nship)
TR	EET ADDRESS (If I	ural, give location).	2			
	Jona 7	reen !	ベス	2	2	
ATI	OF BIRTH	9. AGE (In years last birthday)	Month	Days	Hours	24 Hours Min.
1/	30/14	39				
R	THPLACE (State or for	reign country)	12.	CITIZ	EN OF	NTRY1
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MO.	THER'S MAIDEN NA	ME				
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44 4	CAUSE OF	P DEATH, ENTER	IN	VEE	7 N	D
or	PART I O 21c. WHERE DID (INJURY OCCUR?	If in Baltimore Ci	ty, give	exact	locatio	n)
c.)	INJURY OCCUR?					
	21F. HOW DID INJ	IRV OCCUR?				
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it_	705, 1953, to 1	e causes and on	the d	late st	ated o	bovc.
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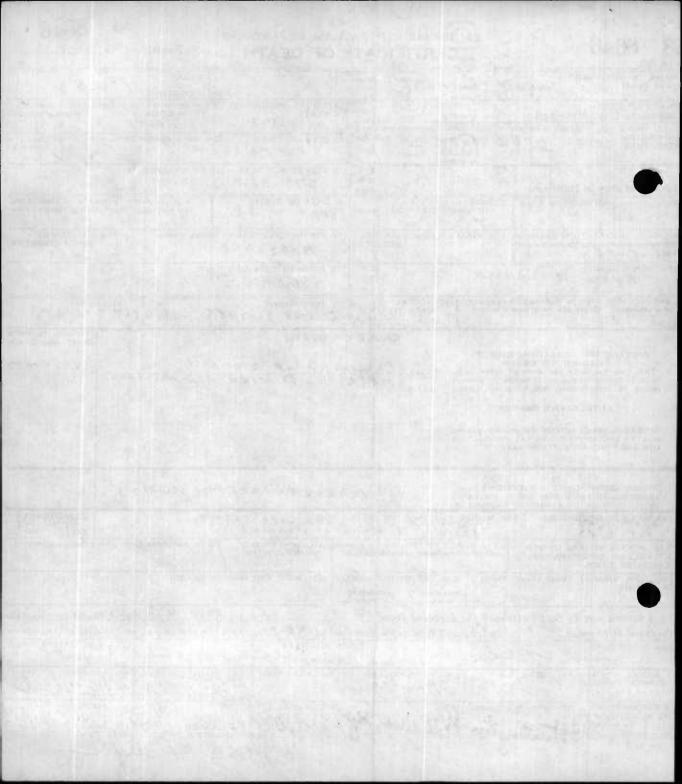
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH TH NO NAME OF DECEASED 2. DATE pe or Print) OF DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence Baltimore City, Maryland A. STATE B. COUNTY before admission) ULL NAME OF (If not in hospital or institution, give street address or Marylan SPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give TITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 9. AGE (In years | M Under I Year | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 120 JUSUAL OCCUPATION (Give kind of the during mental working life, even if retired) 10 KIND OF BUSINESS OR / 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? in gina FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yee, give war or dates of service) 16, SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Hame 759.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Congenital pol. Cept 3. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? ongenita Dal. 218. PLACE OF INJURY (e. g., in or) 20c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from April 16, 1963, to Oct. 4, 1953, that I last saw the deceased alive on Oct. 4, 1953, and that death occurred at 6, m., from the causes and on the date stated above. , 19 53 that I last saw the 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED OR WHEMAT E RECEIVED BY AL REGISTRAR VS 150



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CERTIFICATE C	 Registered No.	(

THE CO.		
AME OF DECEASED PRINTE CATHELL	2. DATE OF 4067	253
LACE OF DEATH: altimore City, Maryland JLL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If instinct A. STATE B. COUNTY BALT,	itution : residence before admission)
PITAL OR CHURCH HOME + HOS PUTAL location)		rite RUPAL and give township)
en of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 279 WEST 3/57 57	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 5. P. 7 19, 18 76 9. AGE (In years last birthday) Months 77	Days Hours Min.
USUAL OCCUPATION (Give kind of non-during most of working life, even if retired) House Gulf C		CITIZEN OF WHAT COUNTRY
HOHN HOLBROOK	14. MOTHER'S MAIDEN NAME ADELAIDE 13 ARNS	Flanci
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service)	17. INFORMANT LES 279 UEST 3	RESS ST.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	NOMA OF STOMACH STATE TO LIVER AND OMENTUM	4-5 A ONTHS
TO THE DISEASE OR CONDITION CAUSING IT.	CALIZED ARTERIOSCLOROSIS	
9A DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDINGS O	A OF STOMACH	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., CAUSE OF DEATH		exact location)
PID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURR URY WHILE AT NOT WHILE AT WORK AT WORK		
1 horogy corety that I detended the deceded from	-3/, 19 ⁻³ , to 10 - 4, 19 ⁵³ , the red at 12:50 pm., from the causes and on the causes	
34 SIGNATURE 4 t		3c. DATE SIGNED
BURIAL CREMA- REMOVAL (Streety) Oct 7-1953 FOOTHAWM	CONTRACTOR 240. LOCATION (City Gwn, of A)	ounty) (State)
E RECEIVED BY REGISTRAR'S SIGNATURE,		DRESS M. R.I

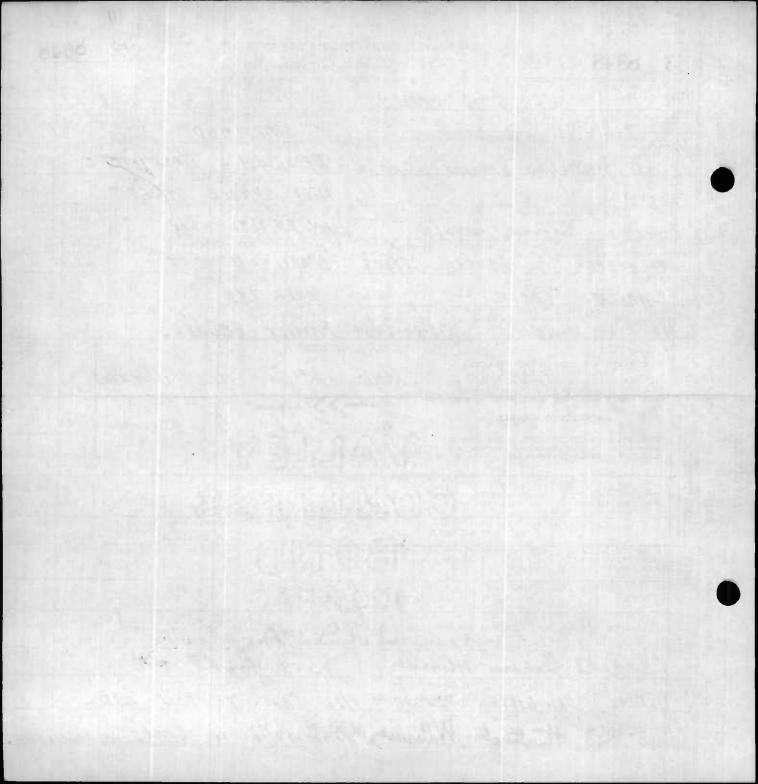


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INK.	please
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B	0-150				
5	3 8847	BALTIMORE CITY HE CERTIFICATE		Registered No.	8847
	. NAME OF DECEASED	rge A. Diven		2. DATE OF DEATH Octobe	r 2, 1953
	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (WI		
E		al or institution, give street address or location)	Maryland c. CITY OR TOWN (If or	outside corporate limits, w	
		ckory Avenue	Baltimore		o 6 township)
	. Length of stay in Baltimore	70 years Yrs. Mos. Days	b. STREET ADDRESS (If r 3434 Hic	kory Avenue	
1	Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	0ct. 28, 1874	9. AGE (In years It Under last birthday) Months	Days Hours Min.
	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired) Car Inspector		11. BIRTHPLACE (State or for Maryland	reign country) 12.	WHAT COUNTRYS
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	William Diven		Margaret Garrett		
C	5. WAS DECEASED EVER IN U. S. ARMEI (If yes, give war or date Span-America	D FORCES? 16. SOCIAL SECURITY NO.	Mrs. Bertha H. D.	iven 3434 Hi	
NOIT A CIDIT OF	IO THE DEATH BUT NOT	f dying, e. g., (A)	fleand to		
7	19A. DATE OF OPERATION 1	98, CONDITION FOR WHICH OF WAS PERFORMED		ION WAS RELATED TO F DEATH, ENTER IN	20. AUTOPSY?
0101	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINE	about home, farm, factory, street, office	e. g., in or 21c. WHERE DID (e exact location)
	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRI WHILE AT NOT WHILE M. WORK AT WOR	LE	URY OCCUR?	
	22. I hereby certify that Lated deceased alive on 23A. SIGNATURE	, 1953, and that death octu	rred at 4 Pom., from the	re causes and on the	hat I last saw the date stated above
	24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Oct. 5.	24c. NAME OF CEMETE 1953 Druid Ridge		cation (City, town, or kesville, Marv	
-	DATE RECEIVED BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	AI	DDRESS
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH RTH NO NAME OF DECEASED 2. DATE OF DEATH 4. USUAL JESIDENCE (Where deceased lived If institution: residence PLACE OF DEATH Baltimore City, Maryland A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location) C. CLTY OR TOWN STITUTION

7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)

16. SOCIAL

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DUE TO

DUE TO

198. MAJOR FINDINGS

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NOT WHILE AT WORK

SECURITY NO.

10B. KIND OF BUSINESS OR

Yrs.

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Days

INDUSTRY

8849 Registered No.

30.1953

before admission)

(If outside corporate, limits, write RURAL and give (If rural, give location) D. STREET ADDRESS 9. AGE (in years) 8. DATE OF BIRTH if Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min. 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME 17. INFORMANT ADDRESS INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH **OPERATION** 20. AUTOPSY ast. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Nov. 30 1955 that I last saw the deceased alive on Jest: 28, 1953, and that death occurred at O.m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) ADDRESS 25. FUNERAL BIRECTOR

VS 150

Length of stay in Baltimore

USUAL OCCUPATION (Give kind of

done during most of workinglife, even if retired)

wife

6. COLOR OR RACE

WAS DECEASED EVER IN U.S. ARMED FORCES?

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

24B. DATE

REGISTRAR'S SIGNATURE

UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

CAUSE OF DEATH

URY

23A. SIGNATURE

BURIAL, CREMA-

REMOVAL (Specify) TE RECEIVED BY

REGISTRAR

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

21D ME (Month) (Day) (Year) (Hour)

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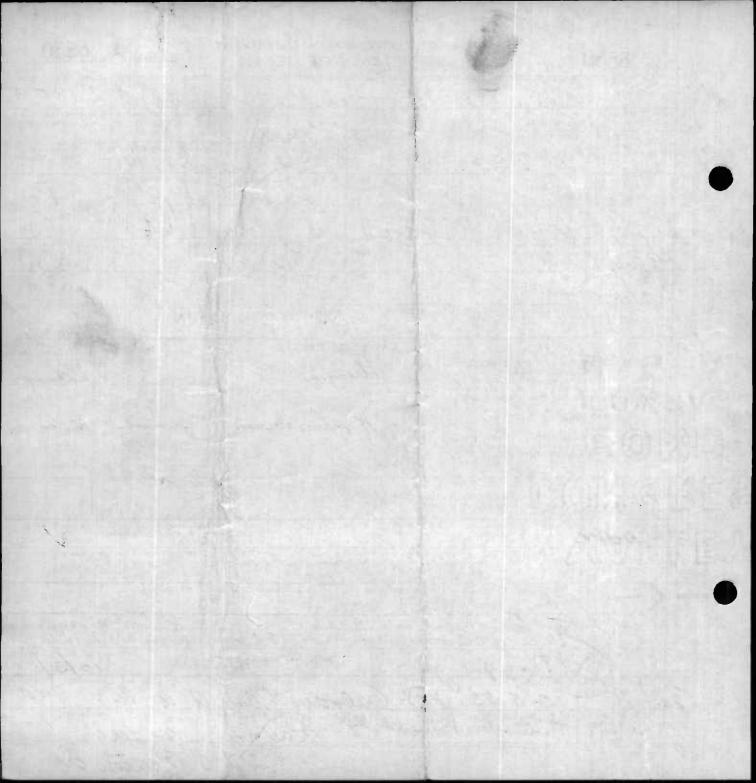
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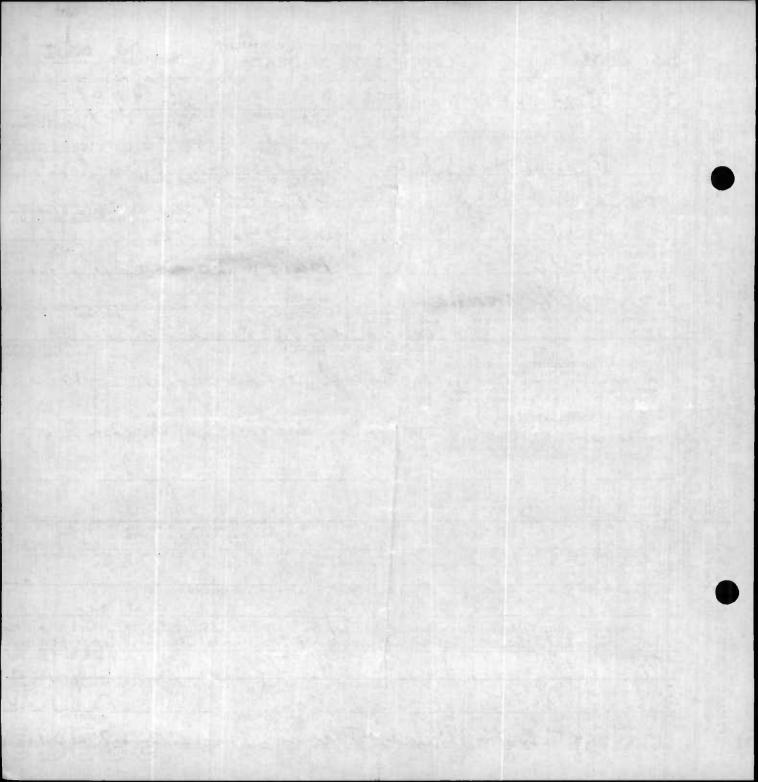
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FATHER'S NAME

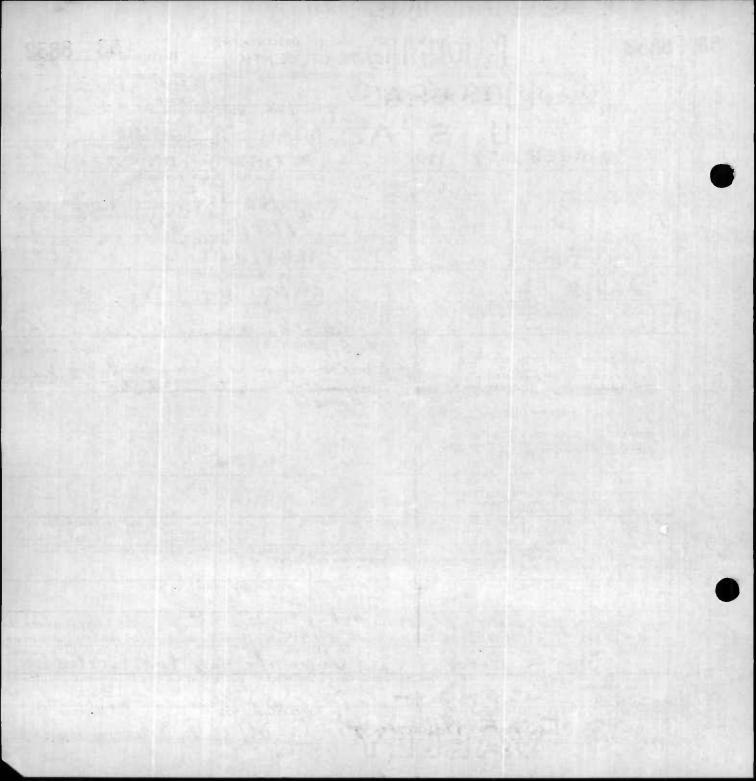
no or unknown)

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VS 150



NAME OF DECEASED pe or Print)

Baltimore City, Maryland

MAKY

TULL NAME OF (If not in hospital or institution, give street address or

PLACE OF DEATH: 1907 GREEN MOUNT

LEE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A. STATE

DOLAN

AVENUE

Registered No.

OCTOBER 3, 1953

before admission)

2. DATE

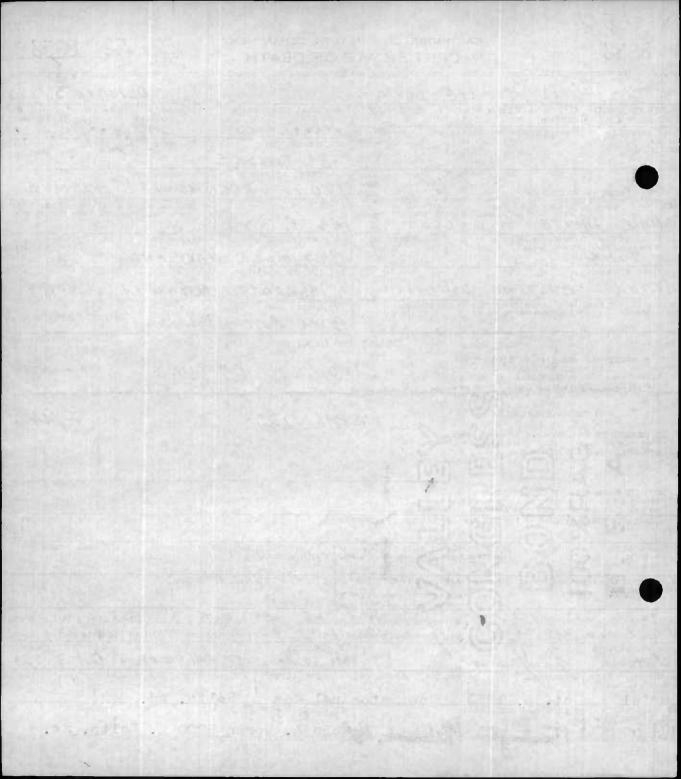
4. USUAL RESIDENCE (Where deceased lived. If institution: residence

OF

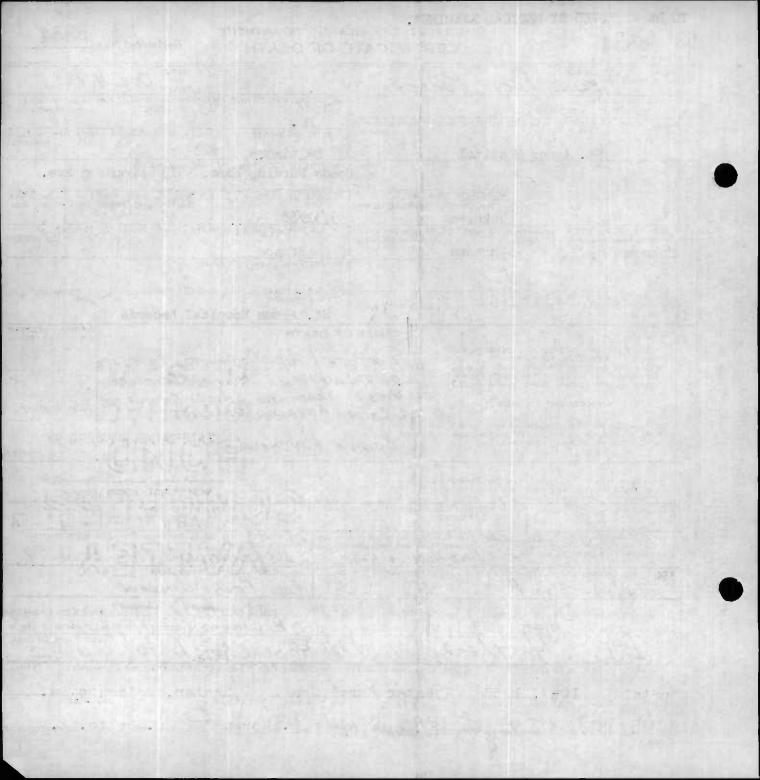
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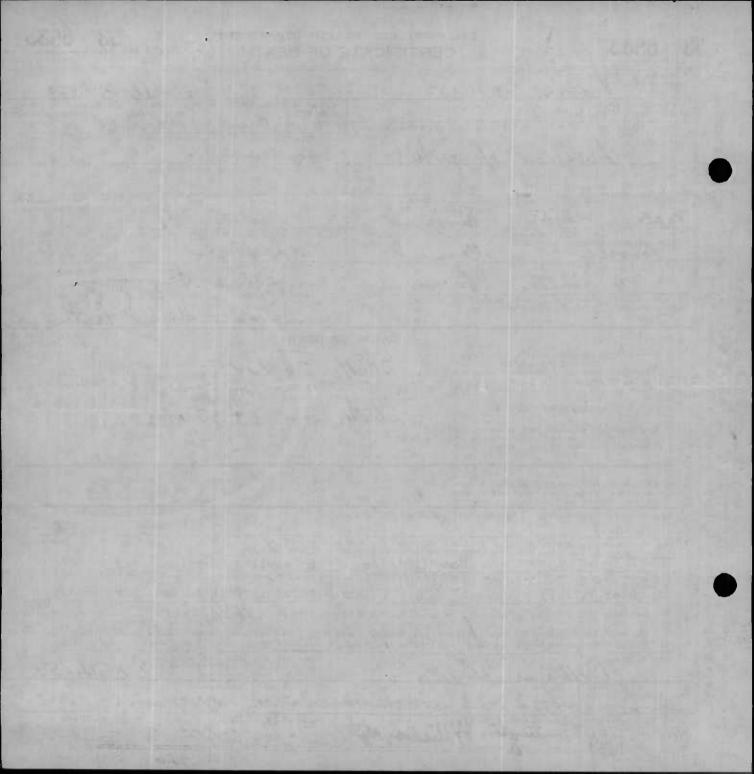
B. COUNTY

MARYLAND SPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give location) STITUTION township) BALTIMORE o. STREET ADDRESS (If rural, give location) Yrs. AVENUE G-REENMOUNT Length of stay in Baltimore Day 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | || Under I Year last birthday) | Months: Days | Hours | Min. EMALK WHITE SINGLE . USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ione during most of working life, even if retired) INDUSTRY WHAT COUNTRY? NONE BALTIMORE, MARYLAND U.S.A. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AUSTIN CHARLOTTE ELIZABETH MURPHY WAS DECEASED EVER IN U. S. ARMED FORCES?
po or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 1907 GREANMOUNT SECURITY NO. PETER AUSTIN DOLAN INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY FAILURE LEADING TO DEATH CARDIAC (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES NEPHROSIS DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO L 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED ME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? deceased alive on SK17 28, 1953, and that death occurred at 150 Pm., from the causes and on the date at 123 Pm. from the causes and on the date at 123 Pm. from the causes and on the date at 123 Pm. from the causes and on the date at 123 Pm. from the causes and on the date at 123 Pm. from the causes and on the date at 123 Pm. from the causes and on the date at 123 Pm. 23A. SIGNATURE 23c. DATE SIGNED ST. BALTIMORE 18 Oct 31953 3311 ST. PAUL a atemes BURIAL, CREMA-REMOVAL (Specify) 246. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) New Cathedral Cem Balto. Md Burial Oct. 6, 1953 25. FUNERAL DIRECTOR E RECEIVED BY ADDRESS CAL REGISTRAR 3000 E. Balto. St. Moran VS 150



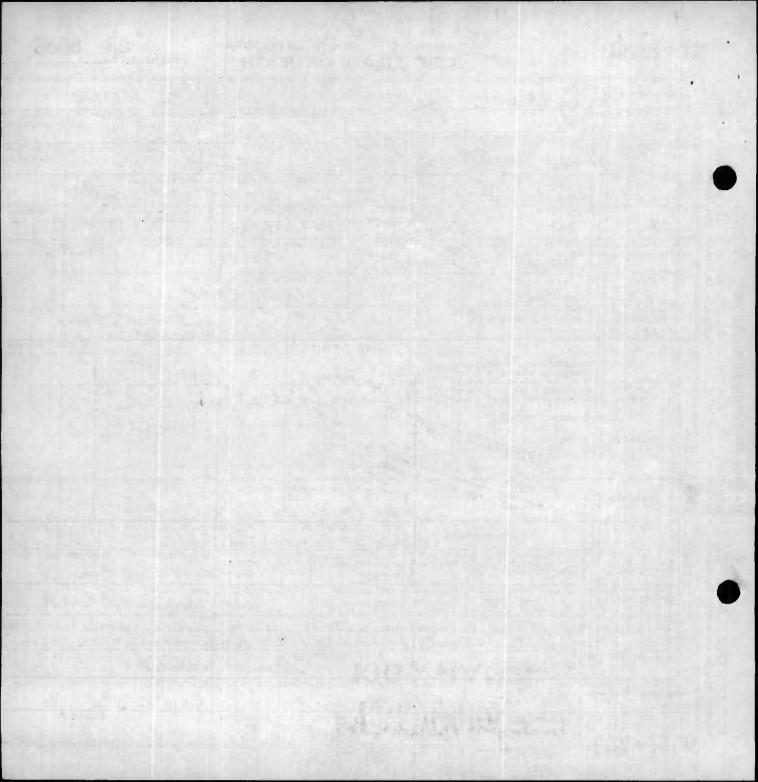
TO BE A	PPROVED BY MED		HEALTH DEPARTMENT 53 885A						
BIRTH NO.	354	CERTIFICA	TE OF DEATH Registered No.						
1. NAME OF (Type or Prin	DECEASED FR	POST PERREY	2. DATE OF OCT. 4, 1953						
3. PLACE OF A. Baltimor	e City, Maryland	tal or institution, give street addres	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
HOSPITAL C	OR	locati							
c. Length o	f stay in Baltimore	Yı M	os. Foods Nursing Home, 5313 Edmondson Ave.						
5. SEX F	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spe Unknown	3/31/68 85						
	OCCUPATION (Give kind of acest of working life, even if retired								
13. FATHER	S NAME	7	14. MOTHER'S MAIDEN NAME 7						
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22. I hereby certify that I attended the deceased from 10/4, 1953, to 10/4, 1953, that I last saw the deceased atte on 10/4, 1953, and that death occurred at 11/0 Pm., from the causes and on the date stated above. 23A. SIGNATURE ACLUS. 7. X/LOY M. D. 30/ HOCICAL ARTS BLIG 23c. DATE SIGNED 10/4/53									
24A. BURIAL. CREMA- 24B. DATE 22C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 1007, 1953 Chester Rural Com Chester Delaware Pa Local Registrar's Signature 25. Funeral Director Address CT 5-165 The County Count									

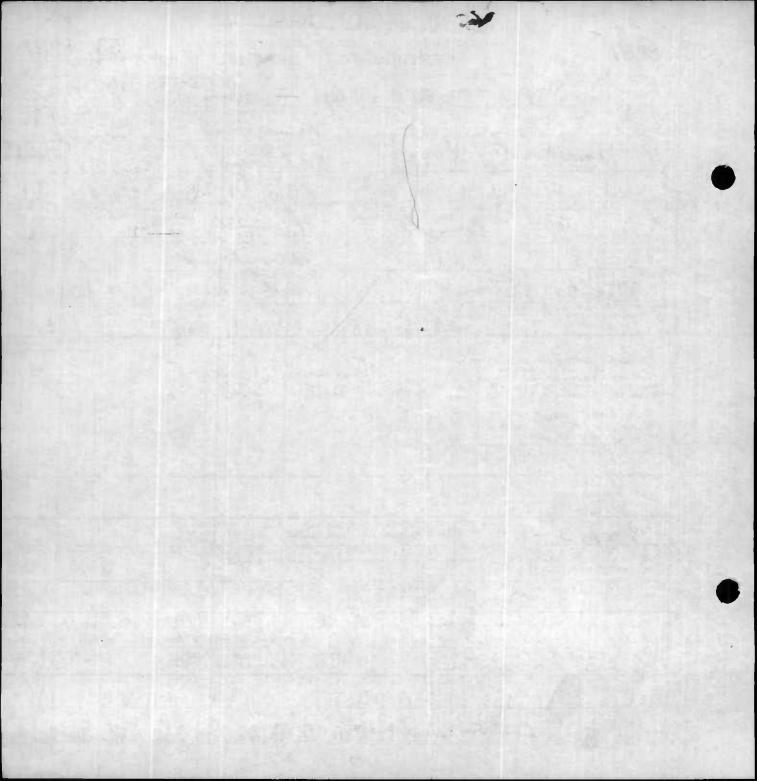




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· ·	F	8856 RTH NO.	40		BA	LTIMORE CITY CERTIFICA				Registere	53 d No	8856
d. The	(Type or Print) Many (Mamic) Farrell									2. DATE OF DEATH	0/3/	53
supplied.	Α.	PLACE OF D Baltimore (City, Mar	yland		tion, give street address	A. ST		NCE (Who	B. COUNTY	. If insti	tution : residence before admission)
llly s	H	OSPITAL OR	Muc	y Ala	spital	Ine. locati	\					
should be caearly and legibry	C.	Length of s	tay in Ba	timore	Lef	e Yr Mo Da	s.	REET ADDRE		ral, give location)	Coas	9
	5.	SEX	6.COLOR	OR RACE		E. MARRIED. WED, DIVORCED (Spec	8. DA	TE OF BIRTH		AGE (In years last birthday)	if Under Months	
on shot clearly	1C	A. USUAL OC	CUPATION of working life, o	(Give kind of even if retired)	IOB. KIN	O OF BUSINESS OR INDUST		RTHPLACE (S	tate or fore	ign country)	12.	CITIZEN OF WHAT COUNTRY?
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MARGIN UNFADING Physicians:	CER	TO THE	DEATH B	UT NOTEW	CONTRIBE	MEDICAL EXAMINED. UTING O THE ITION FOR WHICH DRMED	linga	elion 8	Eleu	Shukalo	WEL	?
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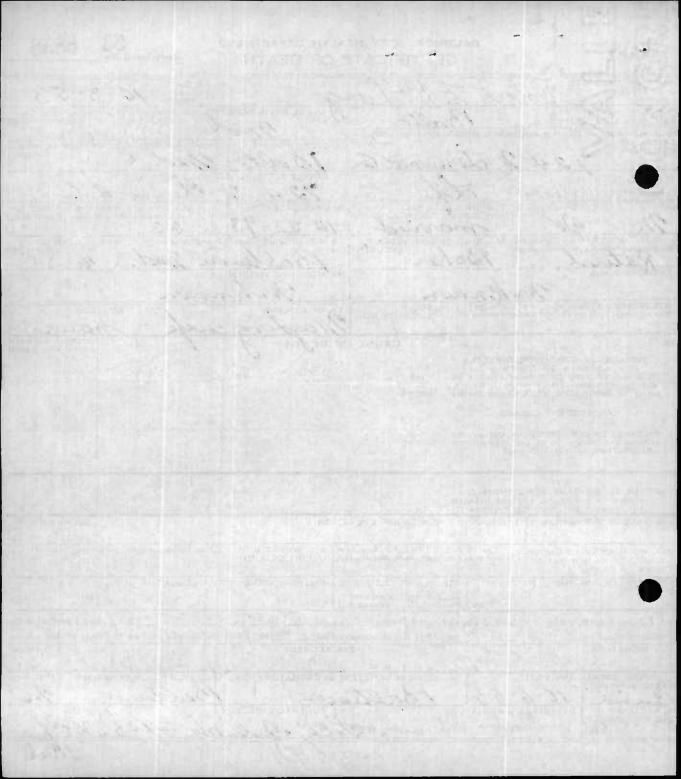


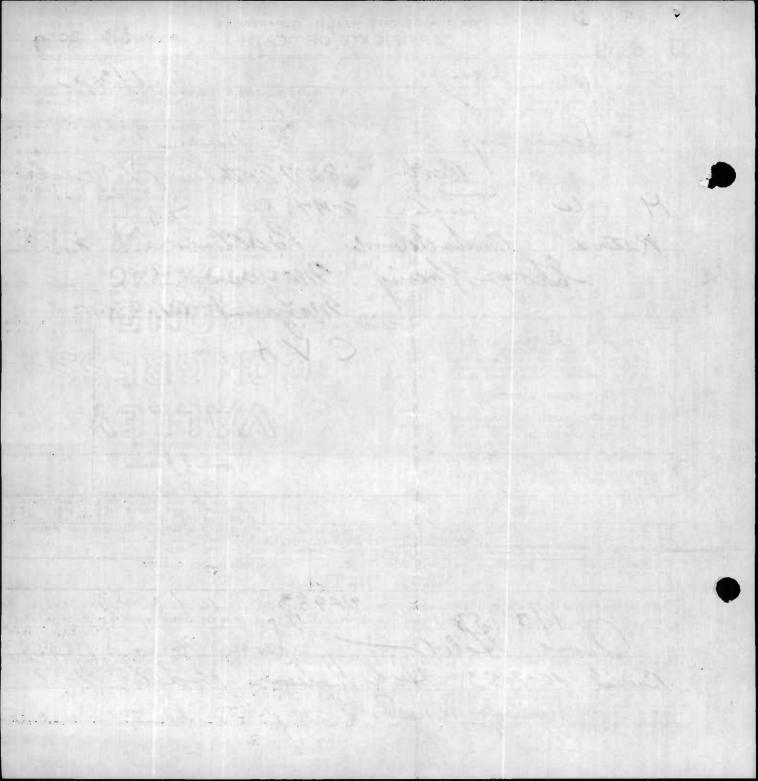
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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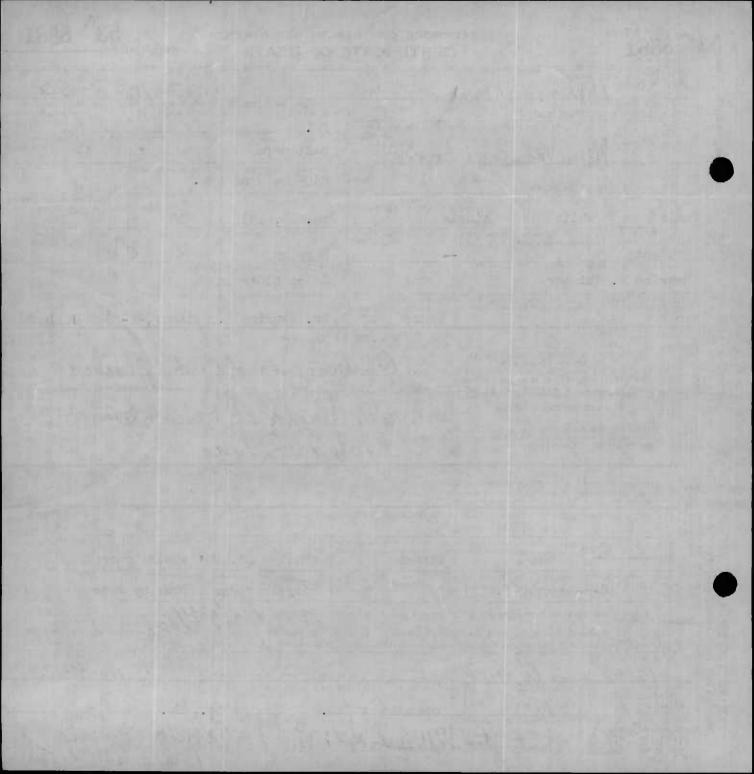
NAME OF DECEASED 2. DATE me or Print) OF DEATH PLACE OF DEATH: A USUAL RESIDENCE (Where deceased lived, If institution: residence Baltimore City, Maryland C STATE B. COUNTY before admission) (If not in hospital or institution, give street address or FULL NAME OF SPITAL OR location) RAL and give STITUTION township) Che Yrs. (If rural, gire location) Mos. Length of stay in Baltimore enuo Days 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) SEX 6. COLOR OR RACE 9. AGE (In years) If Under I Year II Under 24 Hours last birthday) Months: Days Hours: Min. married USUAL OCCUPATION (Givekind of BUSINESS OR 10B. KIND OF State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY FATHER'S NAME MOTHER'S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL INFORMANT ADDRESS (If yes, give war or dates of service) no or unknown) SECURITY NO. anne DEATH INTERVAL BETWEEN 420. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., stc.) LYING OR CONTRIBUTING CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from_ 19 1 that I last saw the 3. 19 3. and that death occurred at 3:10 m., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED M. D. BURIAL, CREMA-REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 0-60 RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS VS 150





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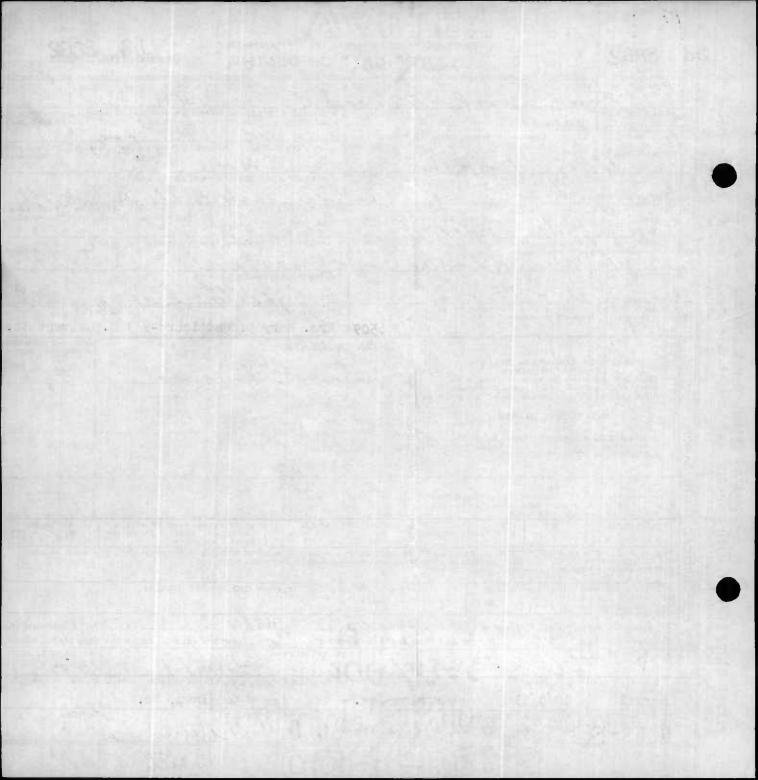


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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8862

B	RTH NO.		CERTIFICAT	E OF DEA	I T	
	NAME OF DECEAS		PeTTICON	- d	2. DATE OF DEATH	153
A.	PLACE OF DEATH: Baltimore City, M	Maryland		4. USUAL RESI	DENCE (Where deceased lived. If ins	titution: residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	(If not in hospital or ir	stitution, give street address or location)		VN (If outside corporate limits of	
3	7///	rey Ho	pilal (Yrs)	Ball D. STREET ADD	RESS (If rural, give location)	T township)
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13	A FATHER'S NAME	D P.TT.		14. MOTHER'S N	MAIDEN NAME	
15 (Ye	WAS DECEASED EVER	R IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT	C. Petticord-933 N.	RESS Calvert St.
	18. 443X			OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,					4305
		cation which caused	death.) Due 70		Disease	
RTIFICATION	RISE TO THE ABO	ONDITIONS, IF ANY, DVE CAUSE (A) STATI CONDITION LAST.	GIVING NG THE DUE TO (C)			
Ш	TO THE DEAT	II NT CONDITIONS CONT H BUT NOT RELATE				
AL C	19A. DATE OF OPE		ONDITION FOR WHICH OF	PERATION	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY?
EDIC	21A. ACCIDENT W. OR CONTRIBUTING DEATH (NOTIFY ME		21B. PLACE OF INJURY (about home, farm, factory, street, office	e.g., in or 21c. WH bldg.,etc.) INJURY	ERE DID (If in Baltimore City, give	ve exact location)
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		10/	the deceased from	19.	53 to /3 , 19 5 3 t	that I last saw the
	deceased alive on	73,19	53, and that death occur	rred at	n, from the causes and on the	date stated above.
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	OCT 5- 195	REGISTRAR'S SIG	NATURE.	25 FUNERAL D	· Victories &	DORESS
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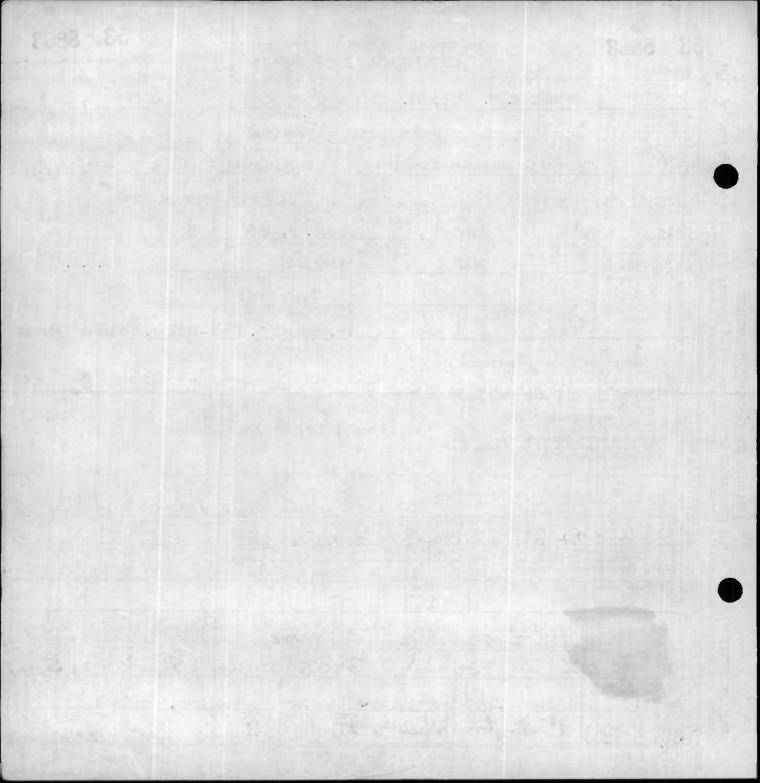
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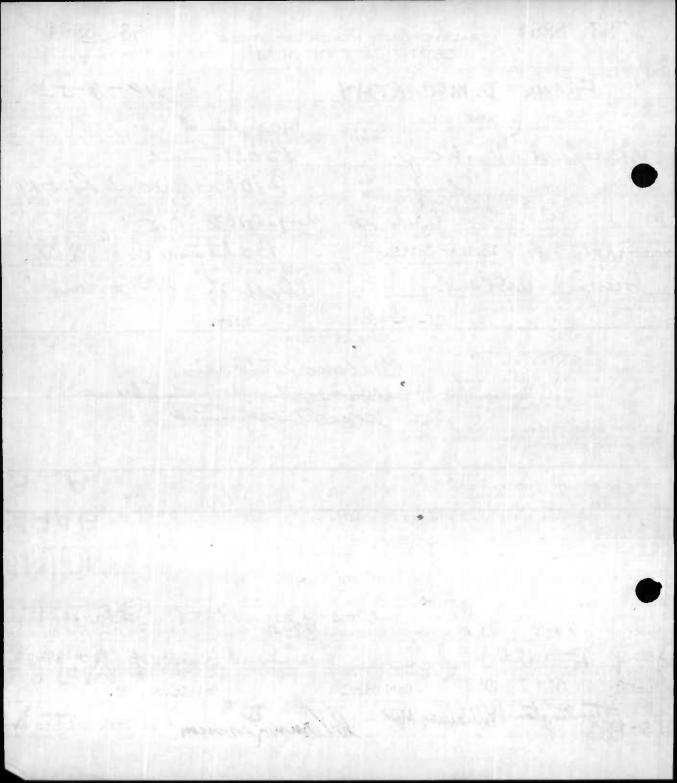
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5	3	8863 BALTIMORE CITY HE	EALTH DEPARTMENT 53 8863
	BII	CERTIFICATI	E OF DEATH Registered No
-	1.	NAME OF DECEASED	2. DATE
	_	ERNEST A. S. GRAY, SR.	DEATHOCTOBER 3, 1953
		PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution residence a. STATE B. COUNTY before admission)
		FULL NAME OF (If not in hospital or institution, give street address or opening of the street addre	Mary land C. CITY OR TOWN (If outside corpor te Las, with RURAL and give
. '	IN:	1721 North Longwood Street	Baltimore (In dashe corporate township)
, -		Yrs.	D. STREET ADDRESS (If rural, give location)
	c.	Length of stay in Baltimore Mos. Days	1721 North Longwood Street
	5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years 11 Under 1 Year 11 Under 124 Hours last birthday) Months Days Hours Min.
3 11		ale White Married A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR	Sept. 2, 1888 65
W	ork	done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY?
	_	a miscaping Self	Maryland U.S.A. 14. MOTHER'S MAIDEN NAME
		? Gray	?
	15. Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL. , no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
			Mr. Samuel D. Gray-1721 N. Longwood Street
NO		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	of DEATH Interval Between onset and Death Fati Spiral holigramy 5-6 hrs y lana hot faul
NOIT A DIBITO	27171	UNDERLYING CONDITION LAST, (C)	
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	יייייייייייייייייייייייייייייייייייייי	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF 21A. ACCIDEN WAS UNDERLYING 21B. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 19B. CONDITION FOR WHICH OF VARIABLE STREET 21B. PLACE OF INJURY (about home, farm, factory, street, office)	CAUSE OF DEATH. ENTER IN YES NO PART I OR PART II OR PA
	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT	.E
		22. I hereby certify that I attended the deceased from	25, 1953, to Oct 2, 1953 that I last saw the
4		deceased alive on 2, 193, and that death occur	red at \$ 10 Am., from the causes and on the date stated above.
2			38. ADDRESS 39. DATE SIGNED 39. DATE SIGNED
0 -	24	A. BURIAL CREMA- 24B. DATE 124C. NAME OF SEMETE	
	-	Burial October 6,1953 Lorraine Park	Cemetery Woodlawn, Maryland
	DA	TE RECEIVED BY REGISTRAR'S SIGNATURAL MELICIAL REGISTRAR'S THE STATE OF THE STATE O	FUNERAL DIRECTOR ADDRESS

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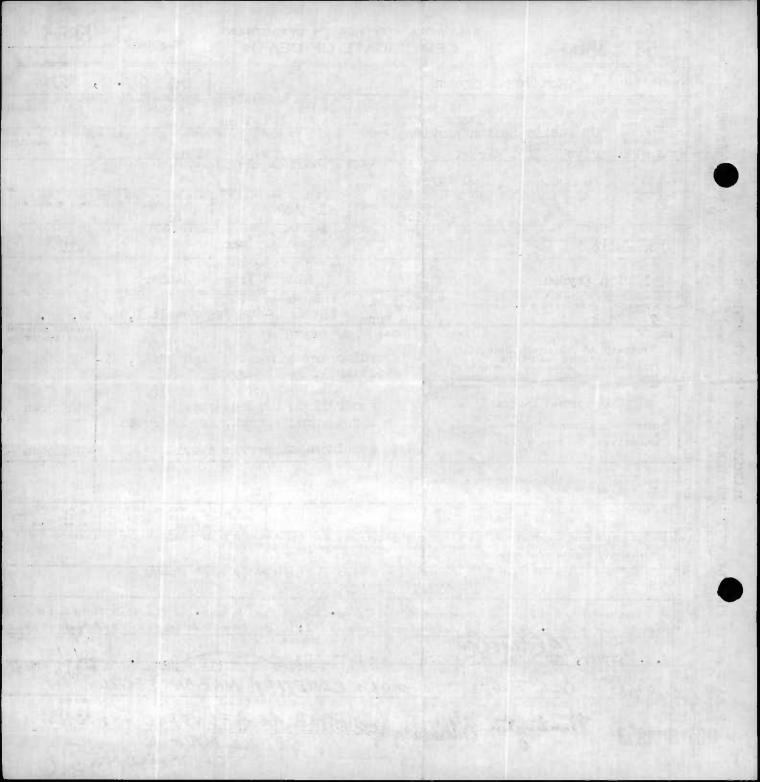


53 8864 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH RTH NO NAME OF DECEASED 2. DATE pe or Print) D. MCCARTHY OF DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence Baltimore City, Maryland B. COUNTY before admission) FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR C. CITY OR (If outside corporate limits, write RURAL and give STITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days SEX 7. SINGLE, MARKIED 6. COLOR OR RACE 8. OATE OF BIRTH 9. AGE (in years) WIDOWEO, DIVORCED (Specify last birthday) Months Days Hours Min. Widowell . USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF iona during most of corking life, even if retired) Leather Belting WHAT COUNTRY? ountant/ luce FATHER'S NAME 14. MOTHER'S MAIDEN NAME MC Gover WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) no or unknown) 216-05-0360 Hosp. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ucumatori, (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. Wetostatue to live & #R injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINOIRGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 2 in TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? IRY WHILE AT NOT WHILE! . 195 Sthat I last saw the 22. I hereby certify that I attended the deceased from 10-2- J 19.53 and that death occurred at 255 Am., from the causes and on the date stated above. deceased alive on 13-4 23B. ADDRESS Bucald Hen. HUMP BURIAL, CREMA- 248. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, lown, or county) EMOVAL (Specify) Cathedral Baltimore, Md. Burial E RECEIVED PEGISTEAR'S STAFFIRE 25 FUNERAL DIRECTOR ADDRESS 4611 Park Heights Ave emencon VS 150

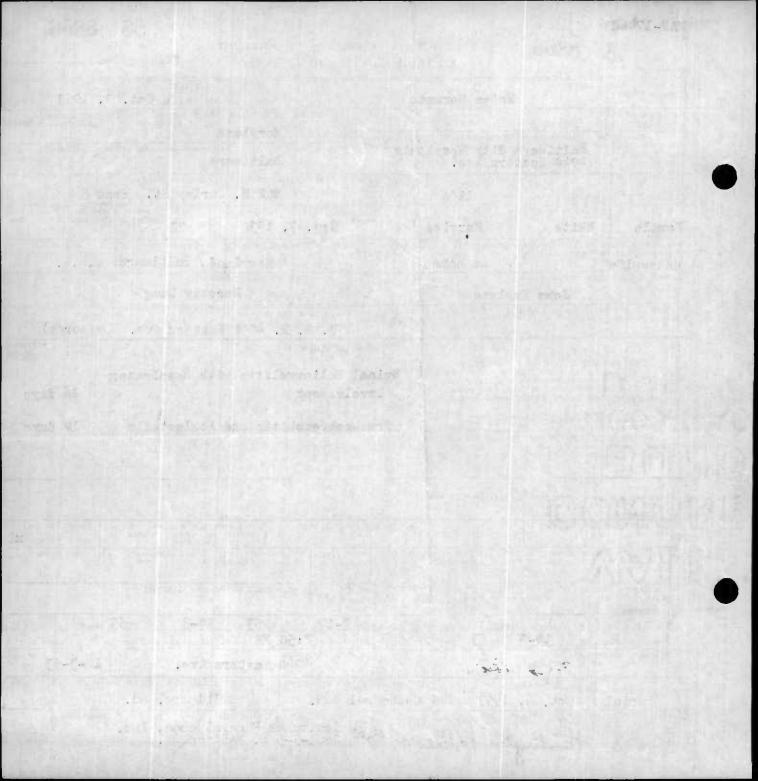


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В	IRTH 53.	8865		CERTIFICATI	E OF DEA	TH X	Registered N	0
	NAME OF E	Bertie]	Mae Dry	den		2	OF OCt.	4, 1953
A	Baltimore	City, Maryland			A. STATE		B. COUNTY	nstitution : residence before admission)
B. H 11	FULL NAME OSPITAL OR NSTITUTION Vyman Pk.	OF (If not in hospitally Public Hospitally Public Hospitally Ist	lealth s	ion, give street address or Service location)	Mai	rion stat	ion	write RURAL and give township)
		stay in Baltimore		days Yrs. Mos. Days	D. STREET ADD	ORESS (If rura	l, give location)	6900
- Medium	. sex	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED. VED, DIVORCED (Specify) Married	1/3/08	RTH 9.	AGE (In years last birthday) Mon	ths Days Hours Min.
		CCUPATION (Give kind of of working life, even if retired)	108. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	E (State or foreign yland	n country)	12. CITIZEN OF WHAT COUNTRY
1.	3. FATHER'S Mari	on Dryden			14. MOTHER'S	MAIDEN NAME R Frances		
1 (Y	5. WAS DECEAS	ED EVER IN U. S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		Hospital, B	DRESS
	18. 171	4		None	OF DEATH	00 1110 1	TOOL TAGE	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary congestion and edema, bi- Recent (A) Lateral, secondary to							
Z		ANTECEDENT CAUSES Generalized carcinomatosis of Unknown DISEASES OR CONDITIONS, IF ANY, GIVING (B) abdomen and thorax, secondary to						
CATION	ONDERE	ES OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	HE DUE TO				
ERTIFIC	I I I I I I I	II GNIFICANT CONDITIONS DEATH BUT NOT 1	RELATED TO					
U	19A. DATE			TION FOR WHICH OF	PERATION		WAS RELATED TO	
EDICA	OR CONTRI	DENT WAS UNDERLY	about	. PLACE OF INJURY (home, farm, factory, street, office				give exact location)
ME		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT NOT WHI	LE	W DID INJUR	Y OCCUR?	
	22. I here	by certify that I at	tended the	deceased from Al	ug. 25 , 19	53, to Oct.	tauses and on th	3that I last saw the date stated above
	J. A. HU	inter (linica	nles	0 - 1	IS PHS HOS			23c. DATE SIGNED
0 Z	ON, REMOVAL	Specify) OCT. 7		37. PAUL'S	RY OR CREMATO	RY 24D. LOCA	TION (City, town,	
	OCAL REGIS			JRE	25. FUNERAL E		ERXL PX	ADDRESS RLORS
QF	5 1953	Manage	THE PARTY			W. MT		
11				man seemen s	D'a va dizidon	CA	SFIELD.	MD.

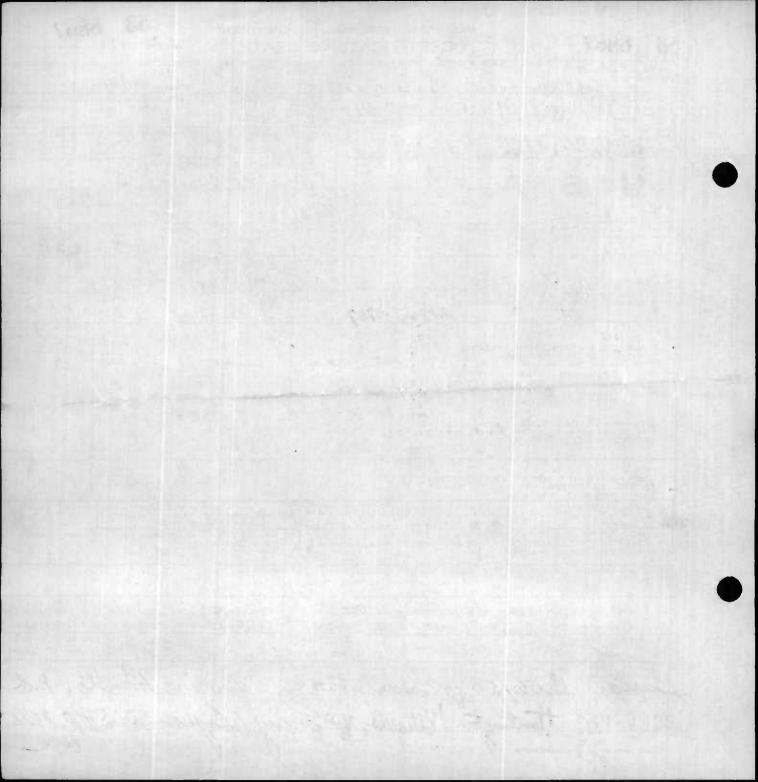


M	AF-17468	3 M-65	3			5	3 8866
	53	3 8866	BALTIM	ORE CITY HE		RTMENT	
81	RTH NO		CE	RTIFICATE	E OF DEA	TH Registere	ed No.
I. NAME OF DECEASED (Type or Print) Relen Meranto				nto		2. DATE OF DEATH Oct	. 3, 1953
Α.		City, Maryland			A. STATE	DENCE (Where deceased lived B. COUNTY	d. It institution : residence
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or Baltimere City Hospitals location) 4940 Eastern Ave.			c. CITY OR TOW	ryland /N (If outside corporate l ltimore	limits, write RURAL and give township)		
c. Length of stay in Baltimore life Mos. Days		802	RESS (If rural, give location N. Curley St.	zone 5			
F	emale	G. COLOR OR RACE	Marrie (ARRIED. DIVORCED (Specify)	Nov. 7, 19	leat bluthdam	Months Days Hours Min.
work	A. USUAL OCC done during most of lousewife	CUPATION (Give kind of of working life, even if retired)	at home	INDUSTRY		(State or foreign country)	re U.S.A.
13	. FATHER'S N	John Ku	hlman		14. MOTHER'S M	Derethy Lang	
15 (Yes	. WAS DECEASE	D EVER IN U. S. ARME	D FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(, 110 01 011110 111		18 01 001 1100)	SECURITI NO.	B. C. H.	4940 Eastern Ave.	(records)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Spinal Policyelitis with Respiratory					ONSET AND DEATH		
7		ANTECEDENT CAUS	5ES	Trache	obronchiti	s and Atelectasis	10 days
ERTIFICATION	RISE TO TH	S OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	STATING THE	(B)			
CERTIF	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSING	RELATED TO THE		•		
.]		0 V	WAS PERFORMED			IF OPERATION WAS RELATE CAUSE OF DEATH, ENTER PART I OR PART II	R IN YES NO
MEDICAL	OR CONTRIB	ENT WAS UNDERLY BUTING CAUSE OF	F about home, fa	ACE OF INJURY (earm.factory.street.office b		ERE DID (If in Baltimore C OCCUR?	lity, give exact location)
	OF INJURY	Month) (Day) (Year)	WHILI	NJURY OCCURRE E AT NOT WHILE AT WORK	E	W DID INJURY OCCUR?	
	22. I herchy deceased al	y eertify that I att		asea jioni		53 to 10-3 , 1 M, from the causes and o	
1	23a. SIGNAT	H7 Jole	more.	M. D.	38. ADDRESS 4940 E	astern Ave.	10-3-53
	A. BURIAL, C ON REMOVAL (SI Buria)	pecify)		w Cathedral		Paltimore, Md	
	ATE RECEIVED	D BY REGISTRAR	SSIGNATURE	000	25 FUNERAL DI	RECTOR Fisheral Home In	ADDRESS



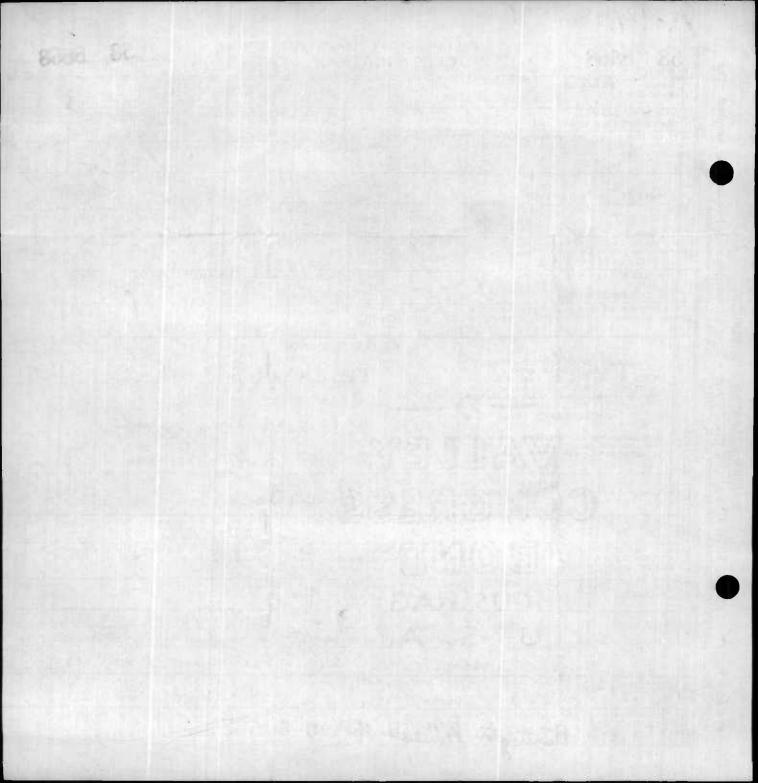
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SE WRITE PLANLY, WITH UNFADING INK. Every item of information should be eful age is especially important. Physicians: please write the causes of death clearly and legibly.	
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 10 19 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Baltimore A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED 9. AGE (in years | H Under I Year | H Under 24 Hours last birthday) | Months: Days | Hours: Min. 6. COLOR OR RACE | 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) morried 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY HWT-15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or onknown) (If yes, give war or dates of service) SECURITY NO 5232 St Charle 214X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH PERIPHERAL CIRCULATORY COLLAPSE (This does not mean the mode of dying, e.g., 17 HE. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) INTESTINAL OBSTRUCT ION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO WAS PERFORMED THE STERECTORY FOR FIRE CAUSE OF DEATH, ENTER IN 20. AUTOPSY7 129/53 2) INTESTINAL OBSTRUCTION PART I OR PART II 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK deceased alive on Der. 3, 1953, and that death occurred at 2 38 m., from 23A. SIGNATURE, oer. 3, 1953, that I last saw the A.m., from the eauses and on the date stated above. 23c. DATE SIGNED Hospital (State)



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BI	3 886 RTH NO.	8		TIMORE CITY HE				Registere	<u>13.</u>	8868	
	NAME OF DEC	EASED Edward	A A Ap	pel				2. DATE OF DEATH OC	t 2	1952	
Α.	PLACE OF DEA Baltimore City	тн: y, Maryland 8-	7 M T	foh, gre breet adiress or	4. USI A. STA		ENCE (W	here deceased lived B. COUNTY	l. If insti	tution : residence hefore admis	
H	HOSPITAL OR location)					Y OR TOWN	altimo:	outside corporate li	imits, wi		d give iship)
C.	Length of stay	y in Baltimore	lif	Yrs. Mos. Days	D. STR		ESS (If r	ural, give location)		
	sex 6.	COLOR OR RACE		E, MARRIED. VED, DIVORCED (Specify)		26 19	Н	9. AGE (In years		Days Hours	
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CERTIFIC	TO THE D	II FICANT CONDITIONS EATH BUT NOT F CONDITION CAUSING	RELATED TO		typ	serter	use			Λ,	
AL	19A. DATE OF	e v	AS PERFO				PART I OF	ION WAS RELATE F DEATH, ENTE R PART II	RIN	YES NO	
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2.	22. I hereby deceased aliv 23A. SIGNATO 4A. BURIAL. CR ON, REMOVAL (Spe Buriel	RE Chis 2. EMA- 24B. DATE	7, 195 3.	and that death occur M. D. 24c. NAME OF CEMETE	RY OR C	23 2	Mon	of 2, 1 te causes and o current cation (City, t	n the c	3c. DATE SIG	bove
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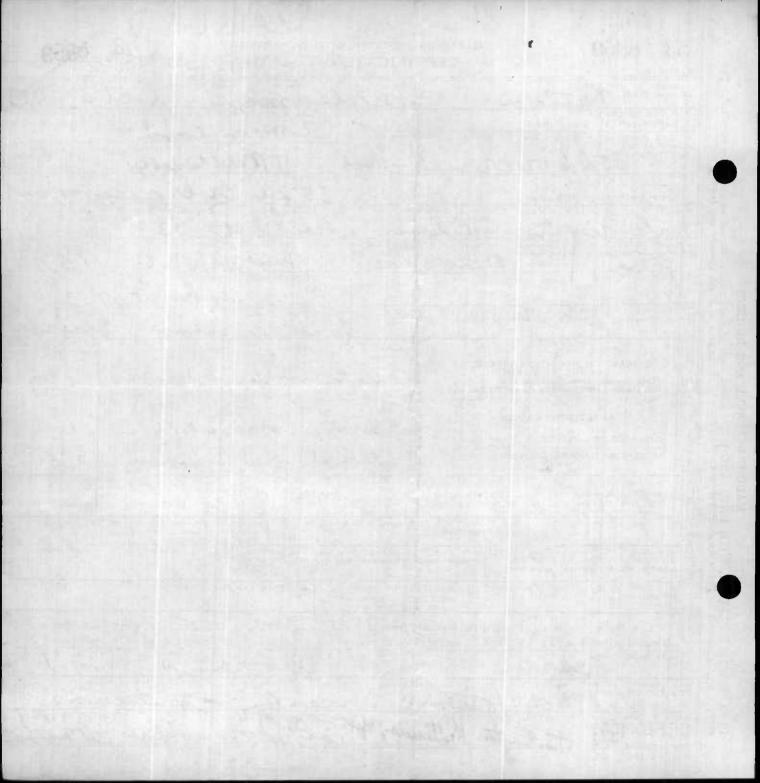
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8869

B	IRTH NO.			
	NAME OF DECEASED Type or Print) Nathan Sel	denn	2. DATE OF DEATH OF	t 5 1953
	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RES	SIDENCE (Where deceased lived, I	f institution : residence hefore admission)
	milit black on /If not in bounted on institution of contract day	7	aryland	
li	OSPITAL OR location NSTITUTION 3526 OVERNIEW—No	C. CITT ON TO	0.2	its, write RURAL and give
-	Yrs.		DRESS (if rural, give location)	1216
C	Length of stay in Baltimore 43 Mos.	759	6 overi	ew Rous
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specif		RTH 9. AGE (In years last birthday)	Il Under I Year It Under 24 Hours Ionths: Days Hours: Min.
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1 wo	OA. USUAL OCCUPATION (Give kind of to be supported by the support of the support		CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
-	3. FATHER'S NAME	14 MOTHER'S	MAIDEN NAME	U.5A.
		14. MOTHER'S	21. Barris	
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMAN	T A	ADDRESS 3740
(X	es, no or unknown) (1f yes, give war or dates of service) SECURITY NO.	Equis 8	Rederman	Columbus of
	18. 422,1 CAUSE	OF DEATH		INTERVAL BETWEEN
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и	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	uts Can	that Oyalaha	1 day
	injury or complication which caused death.) DUE TO			
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Į į	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
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DIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF about home, farm, factory, street, offi	(e. g., in or 21C. W	HERE DID (If in Baltimore City	, give exact location)
自日日	DEATH (NOTIFY MEDICAL EXAMINER)	1113 311		
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1			9 <u>11</u> , to 10/5, 19.	
	deceased alive on 10/5, 1950, and that death occ	23B. ADDRESS	m., from the causes and on	the date stated above
	225mber M.D.	231	a culow N	10/5/50
-2	24A. BURIAL, CREMA- 24# DATE 24C. NAME OF CEMET			n, or county) (State)
1	Birial Oct 7/53 Brai In	rael	inte South	erral
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	5 FUNERAL	PIRELTOR J	ADDRESS 1/24
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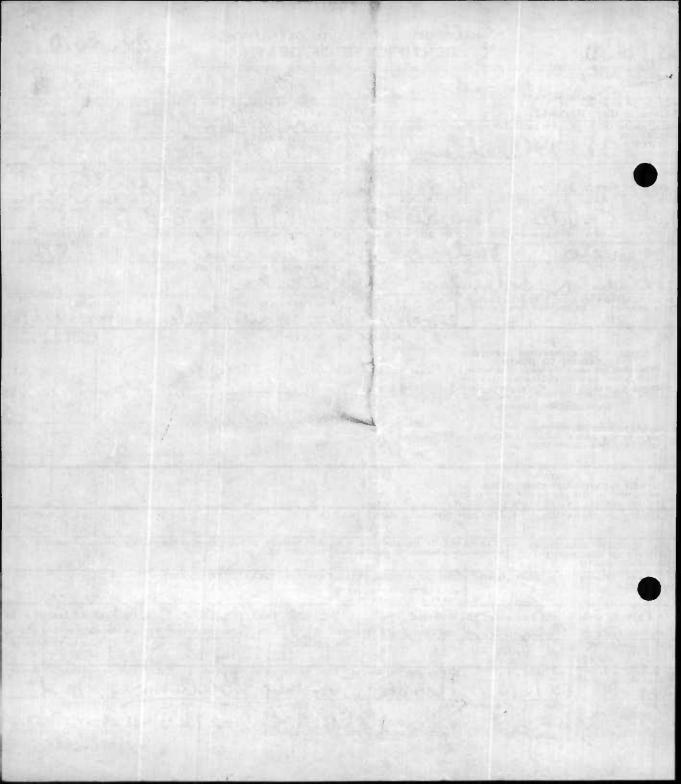


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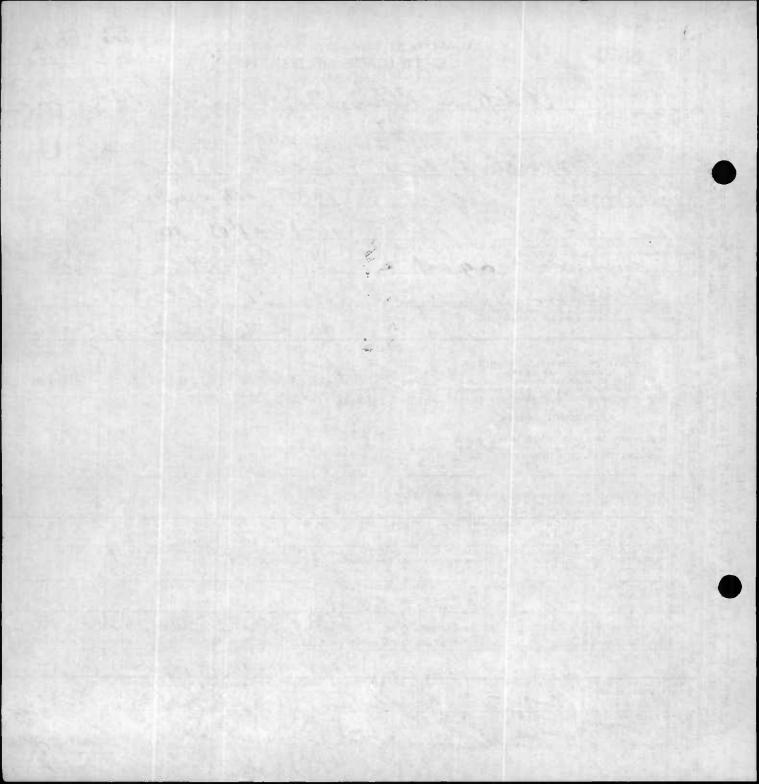
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

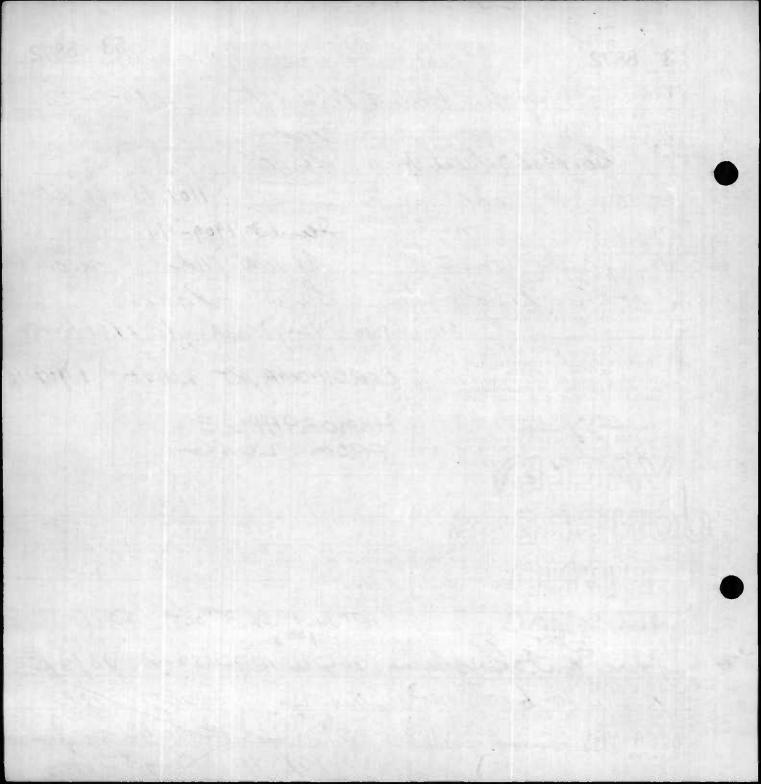
Registered No. 8870

OF 10-5-53
4. USUAL RESIDENCE (Where deceased lived, If institution: residence
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12allemore 28 3/ township)
D. STREET ADDRESS (Haural, give location)
302 Beenlever
8. DATE OF BIRTH 9. AGE (In years If Under I Year Months: Days Hours Min.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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17. INFORMANTA ADDRESS
Mes Sophie Keselenky - 3827 Beehla
OF DEATH
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ATION 20. AUTOPSY?
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may 15, 1953, to Oct 5, 1953, that I last saw the
red at 1 Pm., from the causes and on the date stated above.
3B. ADDRESS 23c. DATE SIGNED
1104 E Coldeping Lane 10:5.53
rundula 13 alleman (State)
25. FUNERAL BIRECTOR ADDRESS SOL ALICENDAN BLD - 1124-26 W.
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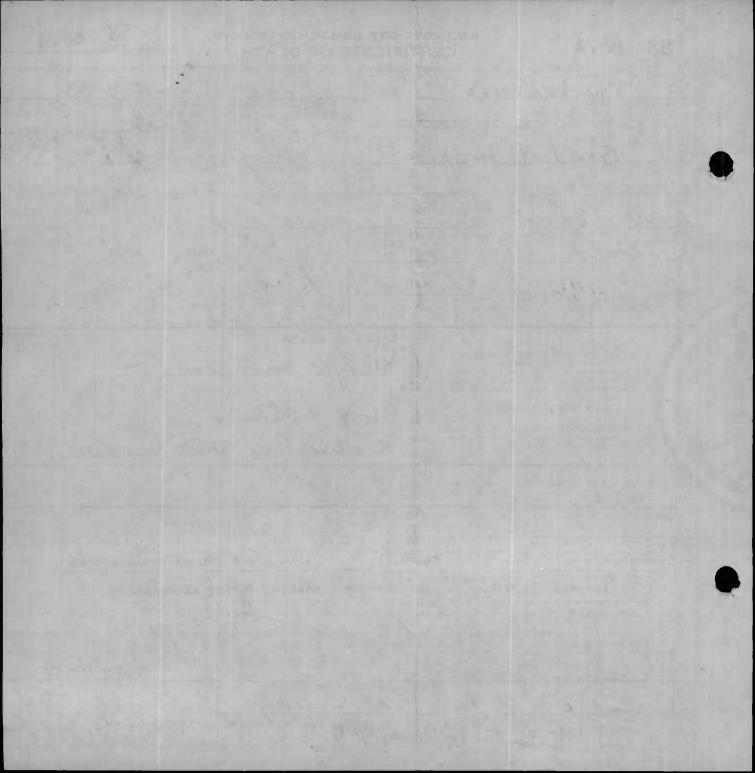
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E9 90"14 B	ALTIMORE CITY HE	ALTH DEPAR	RTMENT	00	08/1
53 8871 CERTIFICATE OF DEATH Registered No					
BIRTH NO. 1. NAME OF DECEASED			2 2. DATE		
(Type or Print)	sin Elby	onthe you	more DEATH	10-	3-50
a. Baltimore City, Maryland		A. STATE	DENCE (Where decease B. CO	d lived. If instit UNTY	ution : residence before admission)
B. FULL NAME OF (If not in hospital or insti	tution, give street address or location)	c. CITY OR TO	(M. autoido como	mata limita and	te RURAL and give
INSTITUTION HOUSE	+ Henn	Bal	(If dutiside corpo	Late mints, wri	township)
- Jordan	Yrs.	D. STREET ADD	RESS (If rural, give lo	cation)	
c. Length of stay in Baltimore	Mos. Days	1935	mades	m ld	-
5. SEX 6. COLOB-OR RACE 7. SING	E. MARRIED.	8. DATE OF BIR	TH 9. AGE (II	years I Under	
me	OWED, DIVORCED (Specify)	10-17	- /903 so	hday) Months	Days Hours Min.
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13. FATHER'S NAME		14. MOTHER'S	MAIDEN NAME		
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15. WAS DECEASED EVER IN U. S. ARMED ORCES (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	001	ADDRI	c mali
18. 11.1. 2.16	CAUCE	THURSE	- formso	~ -/ 7 3 0	NTERVAL BETWEEN
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heart failure, asthenia, etc. It means the dis injury or complication which caused de	0880	al disease	0	ACOVU	
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OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE	Horse			
194. DATE OF OPERATION 198. CON WAS PER	DITION FOR WHICH OF	ERATION	IF OPERATION WAS R	ELATED TO 2	20. AUTOPSY?
4 france			PART I OR PART II	,	YES NO F
21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?					
DEATH (NOTIFY MEDICAL EXAMINER)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRE		W DID INJURY OCCU	R?	5
m.					
22. I hereby certify that I attended the deceased from 21 dept. 1958, to 30 clave, 1963, that I last saw the					
deceased alive on 30 f., 1953, and that death occurred at 12 2, m., from the causes and on the date stated above					
23A. SIGNATURE	10.	3B. ADDRESS	, , ,		C. DATE SIGNED
Times D. Carr, M.D. 1427 Madyon Cyc 10,5,53					
24a. BURIAL, CREMA-/24B. DATE TION, REPOWAL (Specify) 24c. NAME of CEMETERY or CREMATORY 24d. LOCATION (City town, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNA	TURE	25. FUNERALID	DIRECTOR	O API	DRESS /
LOCAL REGISTRAR	WILL AND ME	Sam	wel W.	Jull	waron
VS 150	115000	1011	1000	- 7	-1

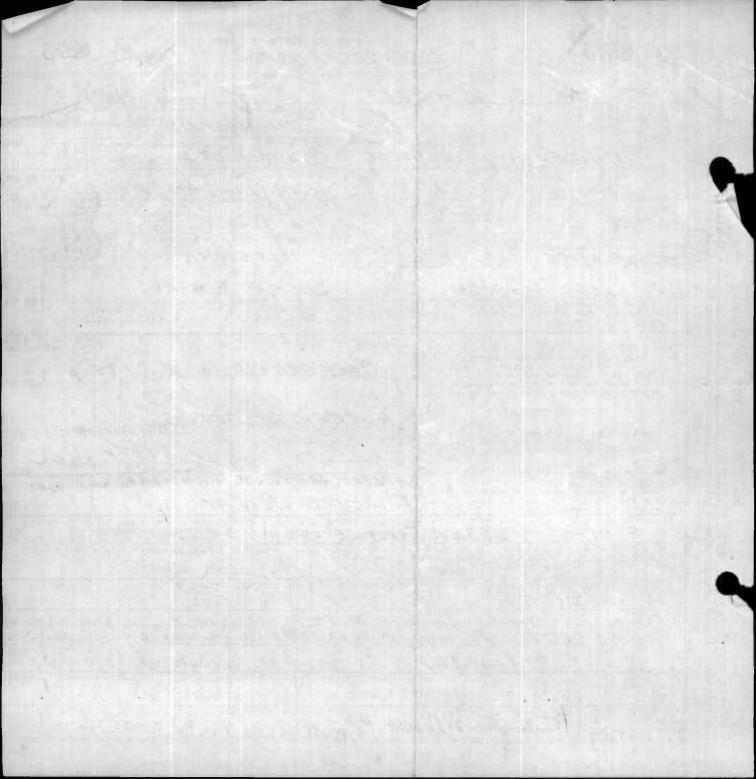




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			MOND		2. DATE OF DEATH	2/53
ddns.	B. F	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, SPITAL OR STITUTION MERCY Hosp. In	give street address or location) C. CI		(Where deceased lived, If B. COUNTY B. COUNTY (If outside corporate limit	before admission
e di di		RES.	Yrs. D. ST		(If rural, give location)	
leg =	-	Length of stay in Baltimore	60 May 1		OSHER ST.	
y an		BLACK WIDE	NO DIVORCED (Specify)	TE OF BIRTH	68	nths Days Hours Min.
sh sh lear		A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	F BUSINESS OR II. BI	IRTHPLACE (State)		12. CITIZEN OF WHAT COUNTRY
tion ch c	13.	FATHER'S NAME	14. M	OTHER'S MAIDEN	-	037
NG rma deat		JACOB MURRAY		ANNIE .	R. BLAK	E
BINDING of informuses of dec	15. Yes,	. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	DECEAS		DDRESS
FADING INK. Every item sicians: please write the car	ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. [1] OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIO	(C)	BOLISM OF BI	er M.D.	INTERVAL BETWEEN ONSET AND DEATH
H	ا د	19a. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATI		ERATION WAS RELATED T	
important	SICA	21A. ACCIDENT WAS UNDERLYING 21B. POR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 210 TIME (Month) (Day) (Year) (Hour) 210 TIME (Month) (Day) (Year) (Hour)	LACE OF INJURY (e.g., in of e, farm, factory, etreet, office bldg., etc. & Chemical Co. INJURY OCCURRED	PART 21c. WHERE D INJURY OCCUP 1300 Re	I OR PART II ID (If in Baltimore City,	YES NO
LAI ally		of INJURY 10/10/52 10:50 4	WORK NOT WHILE	Slipped	and fell to f	loor
EASE rrect	DA	23A. SISNATURE A. BURAL, CREMA- N. REMOVAL (Specify) VIE RECEIVED BY REGISTRAR'S SIGNATURE CAL REGISTRAR	d that death occurred at 23B. AD	t 5 m., from	m the cluses and on the cluses and the cluses are clustered and the clustered and the clustered and the clustered and the clustered are clustered and the clustered and the clustered are clustered are clustered and clustered are clustered	23c. DATE SIGNED
	U	616- 453 Tuntington 14.	LIBRURA- MOCLES	cuah X.	Curous	100

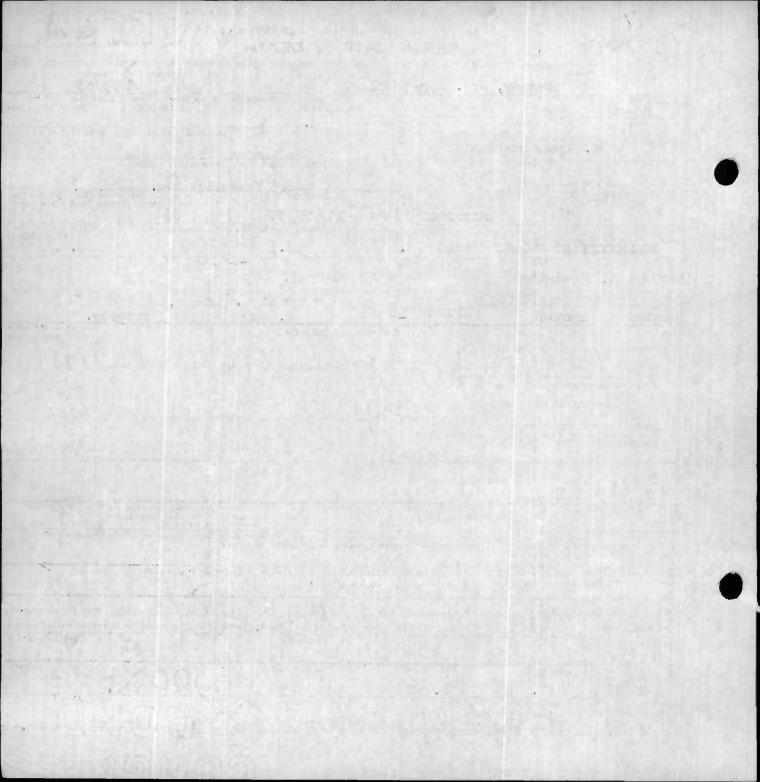
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PLEASE WRITE PLACEY, WITH UNFADING INK. Every item of information should be fully supplied.	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
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	53 88	376	BALTIMORE CITY HI CERTIFICAT			Registered	ر I No	00/1	<u> </u>
1	NAME OF D Type or Print)		ey, Mrs. Nary (Ogle	\		2. DATE OF	0/5/	52	
	B. PLACE OF D. Baltimore		y, miss mary Cogic	4. USUAL RES	IDENCE (V	DEATH 4 Where deceased lived, B. COUNTY	If instit		sidence admission)
F	FULL NAME HOSPITAL OR NSTITUTION	OF (If not in hospit	al or institution, give street address or location)	c. CITY OR TO		outside corporate lin	nite, wri	te RURA	L and give
	40	oc. Agnes no	Yrs.		imore #	rural, give location)	2.	01	
1	E. Length of s	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIL		9. AGE (In years last birthday)			Under 24 Hours ours Min.
1 wo	OA. USUAL OC	CUPATION (Give kind of of working life, oven if retired)	10a KIND OF BUSINESS OR	11. BIRTHPLAC	E (State or f	oreign country)		CITIZEN WHAT	OUNTRY
2 11	3. FATHER'S N	Mosberg		14. MOTHER'S ROSA A.	MAIDEN N Keyser				
) (X	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yos, no or unknown) (If yos, sive war or dates of service) 219 25CURBY NO. St. Agnes Hospital records.					e R			
CERTIFICATION	DISEASE (This does beart failure injury or	E OR CONDITION LEADING TO DEA's not mean the mode ore, asthenia, etc. It mes complication which of the complication of the	oue to f dying, e.g., ans the disease, caused death.) GES F ANY, GIVING STATING THE AST. (C) CONTRIBUTING RELATEO TO THE G IT.	tensive Co	Inf	Vascular D.	ICALA.	190 190 91日 加工	73 673 703
AI		0 v	9B. CONDITION FOR WHICH O VAS PERFORMED		PART 1	TION WAS RELATED OF OEATH, ENTER OR PART II	IN	YES T	NO 🗌
MEDI	11. Marlin Meddelon M.O. St. Hones Hospital (1) 13								
1707	24A. BURIAL, FION, REMOVAL (S BUT IA DATE RECEIVE LOCAL REGIST VS 150	D BY REGISTRAR	24c. NAME OF CEMETE 3/53 **t. Olivet S SIGNATURE 490	emetery 25. FUNERAL	Fr	rederick, Market 100 M	ld.	DRESS	(State)



RTH NO. NAME OF DECEASED pe or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

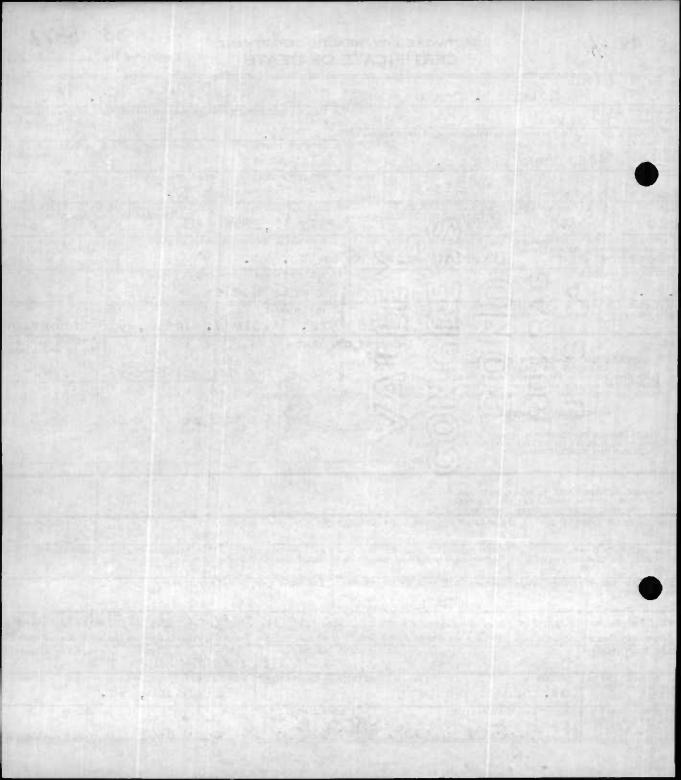
Roland L. Coale

Registered No.

Oct. 3/53

2. DATE OF DEATH

PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)			
FULL NAME OF (If not in bospital or institution, give street address or SPITAL OR location)				
4428 Manorview Rd.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Life Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
Length 31 stay in Baitimore Days	4428 Manorview Rd.			
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Ale White Harried	July 19.1893 60 (In years of Under 1 Year of Under 24 Hours of Under 1 Year of Under 24 Hours of Under			
done during most of working life, even if retired) ntenance Man Dietrich Brothers	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
FATHER'S NAME STRUCT, STORE	14. MOTHER'S MAIDEN NAME			
. E. Cole	Eugenia Woods			
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 705 12 5916	Mrs. Birdie V. Coale. 4428 Manorview			
18. 420, I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO CAUSE OF DEATH ONSET AND DEATH (A) DUE TO				
DISEASES OR CONDITIONS, IF ANY, GIVING (B) Cardio - Vascular & Viene 240				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	U .			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?			
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21b. PLACE OF INJURY (e. g., in or 21c. WHERE DID INJURY OCCUR? CAUSE OF DEATH (If in Baltimore City, give exact location) INJURY OCCUR?				
21 ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR URY WHILE AT WORK NOT WHILE AT WORK				
22. I hereby certify that I attended the deceased from Sept. 28, 1953 to Col. 3, 1953 that I last saw the deceased alive on Col. 2, 1953, and that death occurred at 5 a.m., from the causes and on the date stated above.				
	236. ADDRESS & Kaul & 23c. DATE SIGNED 10/5/53			
LA BURIAL, CREMA- PEMOVAL (Specify) Oct. 6/53 Vestern	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Baltimore, Md.			
TE RECEIVED BY CAL REGISTRAR'S SIGNATURE	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS			
VS 150	534430			



BALTIMORE CITY HEALTH DEPARTMENT Registered No.

If Under 1 Year

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12. CITIZEN OF

WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND GEATH

20. AUTOPSY7

YES X

1951, that I last saw the

ADDRESS

23C, DATE SIGNED

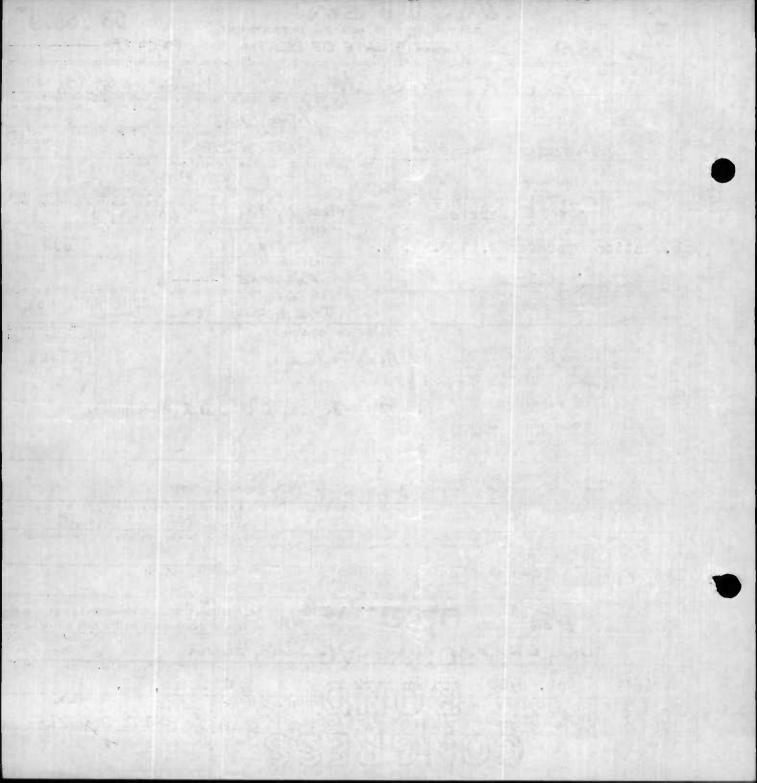
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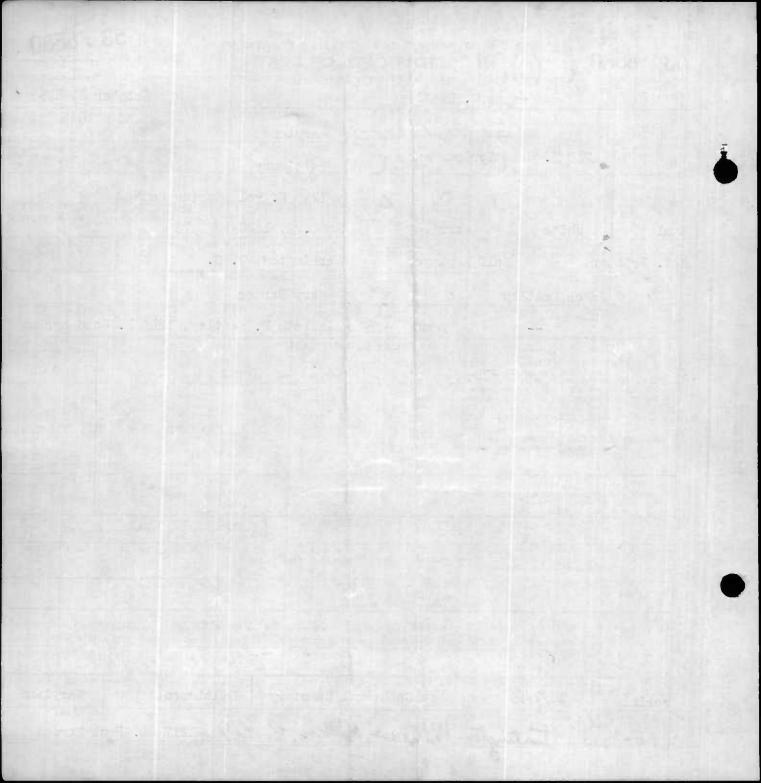
BALTIMORE CITY HEALTH DEPARTMENT

53	8888
red No	

2 1217 St. Paul Street

Registered CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE DEATH October 4, 1953 (Type or Print) James F. DeAtley 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside eornorate limits, write RURAL and give INSTITUTION 1240 E. Cold Spring Lane Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1240 E. Cold Spring Lane c. Length of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (In years) 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Sept. 3, 1880 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Employed Washington, D. C. Ret. Printer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Barnes James DeAtley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Elizabeth E. DeAtley, 1240 E. Cold Spring none CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO WAS PERFORMED CAUSE OF DEATH, ENTER IN important. PART I OR PART II 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE ATT NOT WHILE! AT WORK deceased alive on the causes and and last saw the 23A. SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or eounty) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) New Cathedral Cemetery Baltimore, Maryland 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE

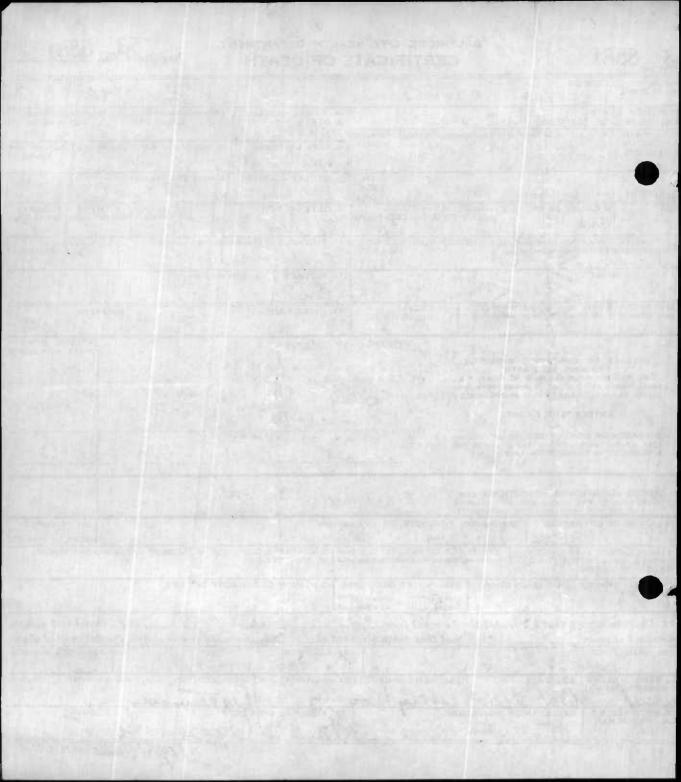
PLEASE WRITE PL



-252 2 0004

BALTIMORE CITY HEALTH DEPARTMENT 53 8881

CERTIFICAT	E OF DEATH Registered No.	The same
NAME OF DECEASED Pe or Print) LORETTA JASINSKA	2. DATE OF DEATH 10/4	1/53
PLACE OF DEATH: Baltimore City, Maryland Bon SECOURS HOSP. ULL NAME OF (If not in hospital or institution, give street address of	4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE B. COUNTY MARY AN d	titution: residence before admission)
TITUTION BON SECOURS HOSP: TAI	BAITIMORE 24	vrite RURAL and give township)
Length of stay in Baltimore 37 Wrs. Mos. Days		
F 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify Single)	8. DATE OF BIRTH 9. AGE (In years and Month of Street, 1997) 8/9/16 37	ler I Year Ins Days Hours Min.
USUAL OCCUPATION (Givekind of lone during most of working life, even if retired) ALES LADY		CITIZEN OF WHAT COUNTRY?
HENRY JASINSKA	14. MOTHER'S MAIDEN NAME	
WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADD	RESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DUE	OF DEATH Odenal Ulcer T-OP. ObsTruction SEC'd	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	Sub-ToTAL GASTRECTOMY	80445
	Alosis UREMIA	5 DAYS
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.	ROLYTIC IMBHINNEE	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE		YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., ebout home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	exact location)
ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from $\frac{9}{6}$ deceased alive on $\frac{10}{9}$, $\frac{9}{3}$, and that death occu	25 ,1953, to 10/4 ,1953,t	that I last saw the
23A. SIGNATURE S. Domack M.D.	BON SECOURS HOSPITAL	23c. DATE SIGNED
wish Oct. 8/53 Stoly Co	Ballinge Ballinge	
TE RECEIVED BY REGISTRAR'S SIGNATURE	Tred W Qazzuski	DDRESS
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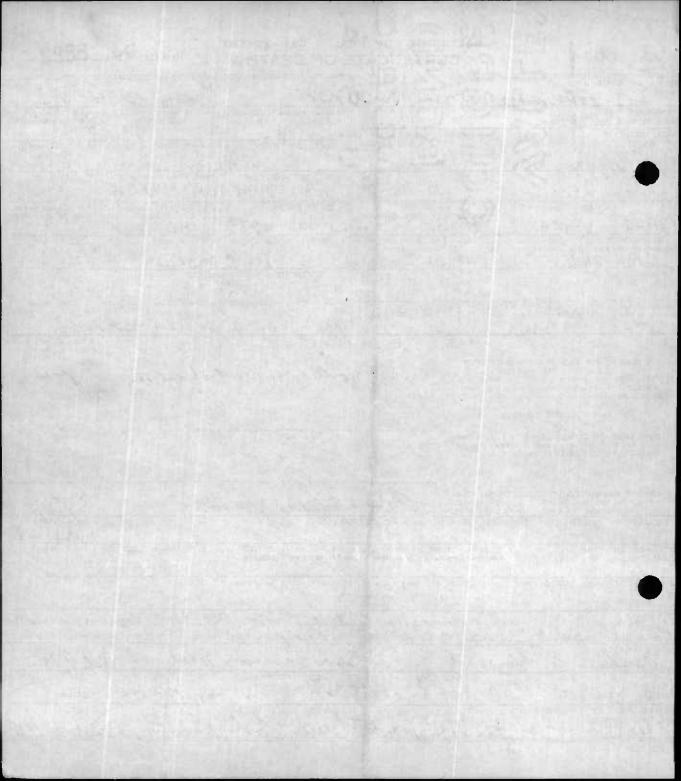


53 8882 RTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 30. 8882

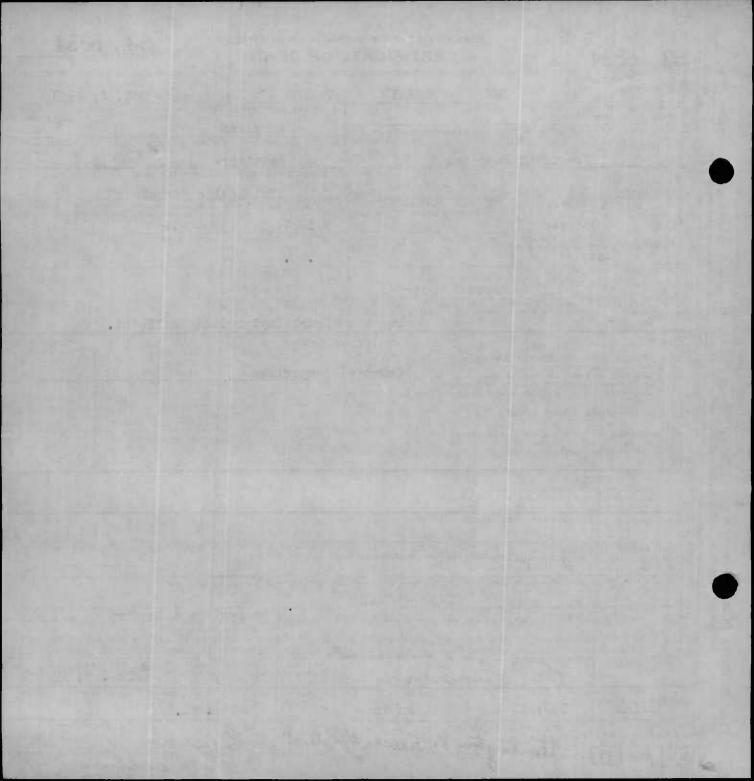
NAME OF DECEASED Pe or Print) EDWARD GRIFFIN D.	1 XON 2. DATE OF DEATH 10-4-5-3						
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
ULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location)	MI						
TITUTION REST HOME	DUNDALK 22 township)						
Yrs.	D. STREET ADDRESS (If rural, give location)						
length of stay in Baltimore	8007 DUNDALK AVE						
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years In Under I Year In Under I						
USUAL OCCUPATION (Givekind of 10s. KIND OF BUSINESS OR 10sed during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
CARPENTER GENERAL CONTR.	N. CAMOLINA U.S.A						
FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	UNK						
no or uning wn) (If yes, give wer or dates of service) SECURITY NO.	MRS JOHN J. DONLON -SAME						
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	heart failure, asthenia, etc. It means the disease,						
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
(C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	inclionis general 10 years						
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?						
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, at reet, office bldg.,							
217 1E (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR	ZED 21F. HOW DID INJURY OCCUR?						
m. WHILE AT NOT WHILE AT WORK							
22. I hereby certify that I attended the deceased from							
deceased alive on A. 4, 1953, and that death occu	rred at /200 m., from the causes and on the date stated above.						
Abroham B. Huswitz M.O.	2200 garrion Blok. Oct. 4 1953						
REMOVAL (Specify) 10-7-53 FT. LING							
E RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS						
VS 150	the will be the total the transfer to the						



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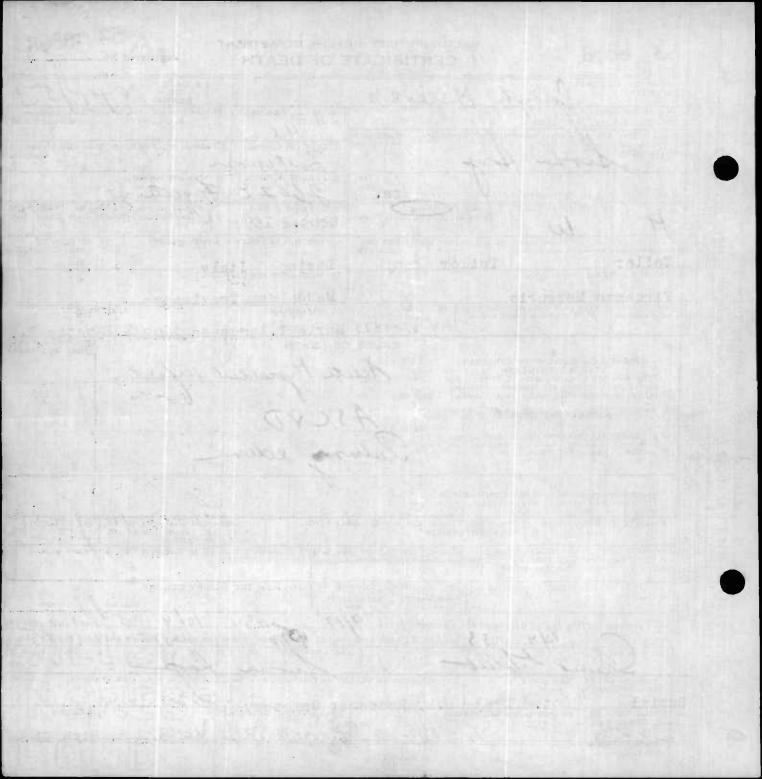
y supplied.

BURGH NOOC	54		SERTIFICATI	E OF DEATH	Registered	110.
1. NAME OF D (Type or Print)		TOP	LITTI TTO	MANTOD	2. DATE OF	1 3053
3. PLACE OF D		JOE	WILLIE	TAYLOR 4. USUAL RESIDENCE ()	DEATH Oct.	
	City, Maryland			A. STATE	B. COUNTY	before admission)
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institution	on, give street address or location)	Maryland		
INSTITUTION					1 Easter	its, write RURAL and give township)
0.000	Provident	Hospita.		Baltimore		UI
			Yrs. Mos.	o. STREET ADDRESS (If	rural, give location)	
c. Length of s	tay in Baltimore	The Chalcing	Days	1521 Les1	ie Street	W (1) 4 V 1 35 15 1
		7. SINGLE, WIDOWE	D. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	I Under 1 Year I Under 24 Hours on the Days Hours Min.
Male	Colored		M	8/18/74	79	
rork done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	1 0025
		Roscoe	Taylor	??		
	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	Pearl Taylor 1:		
DISEASE RISE TO 1 UNDERL	LEADING TO DEA, s not mean the mode of the asthenia, etc. It means the complication which of the complication which of the complication which of the complication of t	of dying, e.g., ms the disease mused death. SES F ANY, GIVING STATING THE ST. TIONS CON-	(B)	1 hemorrhage		
TO THE C	TO THE OEATH, BUT					
	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
UNDERLYIN UTING []	NAL CAUSE WAS G OR CONTRIB. CAUSE OF DEATH. (Month) (Day) (Year)	about home, far	CE OF INJURY (e. g., ir m, factory, street, office bldg., c	ED 21F. HOW DID INJUR	If in Baltimore City,	YES NO X
			WORK NOT WHILE			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes , accident , suicide . homicide , undetermined .						
23A. SIGNA	078	Fis		238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	FOR 0	3c. DATE SIGNED 3t. 5, 1953
24A. BURIAL. (STION, REMOVAL (STIENT)	10/7/53	3	Mt Auburn	RY OR CREMATORY 240. L Palto	ocation (City, town	a, or county) (State)
DATE RECEIVE LOCAL REGIST		SIGNATUR	Williams, 4	Stor L. Re	lsav	ADDRESS
VS 151	333	0		130	3 Pressi	man At



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH RTH NO NAME OF DECEASED 2. DATE Charles) Calogero Puzze pe or Print) Oct. OF DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 2128 aiken st. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland TULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location) (If outside corporate limits, write RURAL and give STITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos 10 Yrs 2128 Aiken St. Length of stay in Baltimore Days AGE (In years) If Under I Year | If Under 24 Hours Iast birthday) | Months; Days | Hours; Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) WIDOWED DIVORCED (Specify) June 17 1887 A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

Kitchen Work 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF Bres. Resta WHAT COUNTRY? . Calascibetta Italv FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stefano Puzzo Leonarda Marie WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO.3 Maria Puzzo 2128 Liken st. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MO (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Metasty fil Cancer injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, straet, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? AT WORK 22. I hereby certify that I attended the deceased from 19-1-33, 19 to 10-4, 1933 that I last saw the deceased alive on out 1973 and that death occurred at A. m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24c. NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) BURIAL, CREMA-REMOVAL (Specify) Hely Redeemer Cemetery 4430 Belair Rd. ADDRESS E RECEIVED BY REGISTRAR'S SIGNATURE CAL REGISTRAR VS 150



151

BALTIMORE CITY HEALTH DEPARTMENT DEATH Oct. 5, 1953 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) 1517 W. Lexington Street 9. AGE (in years) last birthday) Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) DUE TO ruptured luctic aneurysm of aorta (If in Baltimore City, give exact location) partial autopsy Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes & accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER. 24D. LOCATION (City, town, or county) REGISTRAN

before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

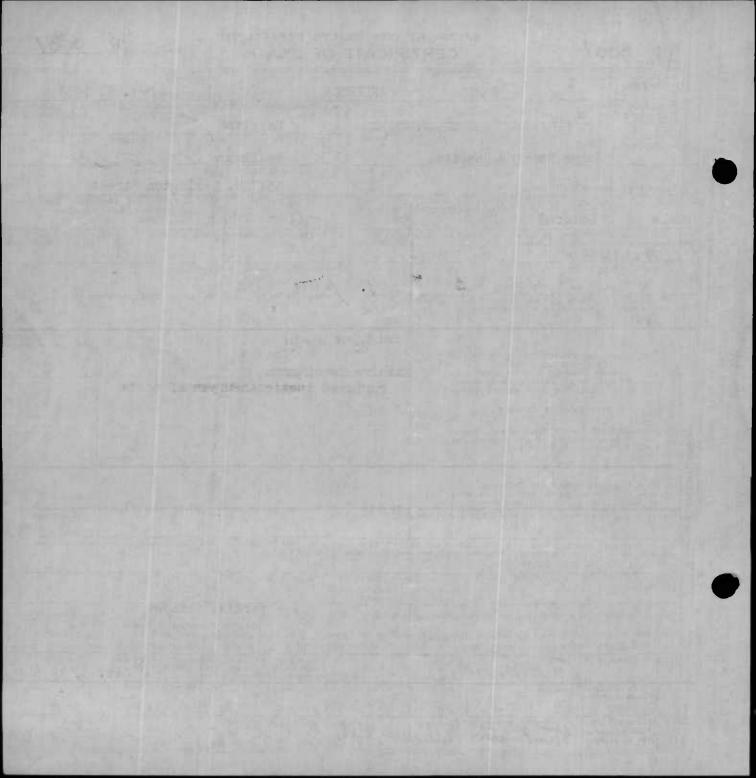
20. AUTOPSY

thereon and from

23c. DATE SIGNED

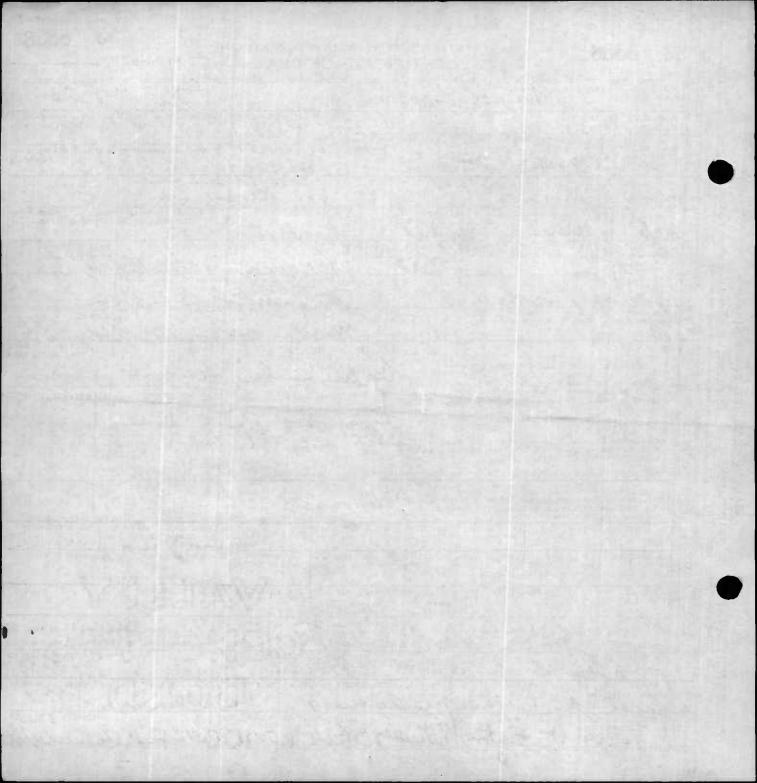
DDRESS

NO



je	53 8888 IRTH NO.	CERTIFICATE		Registered No.
d. The	NAME OF DECEASED Clarence		2. DATE OF 10-3-5	
supplied.	. PLACE OF DEATH: . Baltimore City, Maryland . FULL NAME OF _ (If not in hospital or in	stitution, give street address or	A. STATE Mary lan	here deceased lived, If institution: B. COUNTY before
× ×	OSPITAL OR Provident	Hospital Tocation)	Baltimore	outside corporate limits, write RUI
car	. Length of stay in Baltimore	Yrs. Mos. Days	631 Hory	ural, give location)
should be		NGLE, MARRIED, IDOWED, DIVORCED (Specify)	San 11, 18	9. AGE (In years Months Days
NDING information shou of death clearly	OA. USUAL OCCUPATION (Give kied of 10B. rk dors suring most sworking life, even if retired)	KIND OF BUSINESS OR MOUSTRY	11, BIRTHPLACE (State or for	reign couptry) 12. CITIZE
IG rmatic leath	3. FATHER'S NAME	len	Tomos	MEdholon
BINDIN of inforuses of d	5. Was DECEASED EVER IN U. S. ARMED FORC ee, noor duknown) (If yes, give war or dates of serv	ES? 16. SOCIAL ice) SECURITY NO.	17. INFORMANT	ADDRESS A 631 HIMAI
R Cal	18. 443X DISEASE OR CONDITION DIRECT	A	F DEATH	NET ONSET
日本の中	LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	disease,	à Vascular A	court
RESERVED INK. Ever please write	ANTECEDENT CAUSES	t Disuse		
N RE	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	GIVING NG THE DUE TO	sic nt. H	implegen
MARGIN R UNFADING Physicians: p	OTHER SIGNIFICANT CONDITIONS CON	0 1	61	
	TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. C	ONDITION FOR WHICH OPE		TION WAS RELATED TO 20. AL
WITH important.	WAS P 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	ERFORMED 2.1B. PLACE OF INJURY (e. about home, farm, factory, street, office b	PART I O	F DEATH, ENTER IN YES If in Baltimore City, give exact
O in	DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour			URY OCCUR?
PLAII ecially	22. I hereby certify that I attended	m. WHILE AT NOT WHILE AT WORK		10 - 3 , 1953, that I le
WRITE	deceased alive on 11-3, 194	and that death occurr	red at /: m., from the	te causes and on the date st
E WE	24 BURIAL, CREMA- 24B. DATE ION, REMOVAL (Species)	24C. NAME OF CEMETER	RY OR CREMATORY 240. LC	OCATION (City, town, or county)
PLEASE W	Burial W. 1,173	3 Mt autu	25. FUNERAL DIRECTOR	ellimore, ADDRESS
43	OCT 6 - 1953 + tunting	in Williams My	me Katie (W	elliams Schri
B C C		1370	A second	

5	-535		F	3 8888
5	3 8888 BALTIMORE CITY HE	EALTH DEPARTMENT	T Registered N	
	RTH NO.	L OI DEATH		
	NAME OF DECEASED Clarence Snowden		2. DATE OF DEATH	-3-53
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE	(Where deceased lived, If	nstitution; residence before admission)
HC	FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR Provident Thospital		(If outside corporate limits	write RURAL and give township)
c.	Yrs. Mos. Days	631 Store	If rural, give location)	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Male Colored Married	San 1/18		Under Year Under 24 Hours It Under 25 Hours Min.
	A. USUAL OCCUPATION (Givekindof 10B, KIND OF BUSINESS OR dor wiring most working life, even if retired)	11, BIRTHPLACE (State or	foreign couptry)	12. CITIZEN OF
13.	FATHER'S NAME	MAIDEN MAIDEN	NAME This	
15 (Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	AL	DDRESS
_	1/0	Marie Snown	en 631/9	edgest
	18. 443X CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	is Vascular	Societato	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	no parcocco	Mcccccc.	***************************************
	injury or complication which caused death.) DUE TO			
	ANTECEDENT CAUSES	tensine Hen	it Disuse	
NOI F	DISEASES OR CONDITIONS, IF ANY, GIVING	air. Pt.	Kenisless	
Ϋ́	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	7000 101 - 1	The state of the s	
U	(C)	***************************************		
ERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	mary Ele	ina	
AL C	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH O WAS PERFORMED	CAUSE	RATION WAS RELATED TO	
EDIC	21A. ACCIDENT WAS UNDERLYING 2.1B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)	(e. g., in or 21c. WHERE DIE		
Σ	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY NO. WHILE AT WORK AT WORK	ILE []	NJURY OCCUR?	
	22. I hereby certify that I attended the deceased from 9	- 27 , 1953 to	10-3.195	, that I last saw the
5	deceased alive on /1 - 3, 1953, and that death occur		the causes and on th	
		Provident Ho.	Bitel	23c. DATE SIGNED
24 Tio	N. REMOVAL (Specker) At 7 1953 20 to CLA	ERY OR CREMATORY 240	LOCATION (City, town,	or county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	R	ADDRESS 322 /
	OCAL REGISTRAR	mis Katie R	Williams	Schweden St



3 8889 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH RTH NO ALSO KNOWN AS NAME OF DECEASED 2. DATE pe or Print) STEVEN OF KIRKH STEPHEN STASIS DEATH UCTOBER-PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution, residence Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or FULL NAME OF SPITAL OR location) (If outside corporate limits, write RURAL and give STITUTION DOD WARD ST. ALTINIORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore OJ WOODWARD ST. Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | If Under I Year | If Under 24 Hours | Months Days | Hours | Min. yources USUAL OCCUPATION (Give kind of BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF one during most of working life, even if retired) U.S.A. BUSS. IDURNIA FATHER'S NAME 14. MOTHER'S MAIDEN NAME KNOWN NKNOWH. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS no or unknown) SECURITY NO.

2-01-9120 VINCENT

CAUSE OF DEATH

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

UNDERLYING CONDITION LAST.

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING

CAUSE OF DEATH

deceased alive an

23A. SIGNATURE

VS 150

NO.

18.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

ME (Month) (Day) (Year) (Hour)

248. DATE

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

DUE TO

DUE TO

(C)

198, MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

_, 19___, to_

21F, HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from-

19_

and that death occurred at.

24c. NAME OF CEMETERY OR CREMATORY

_m., from the causes and on the date stated above.

(If in Baltimore City, give exact location)

23C. DATE SIGNED

, 19___, that I last saw the

20. AUTOPSY

OOD WARD

INTERVAL BETWEEN

ONSET AND DEATH

A. BURIAL, CREMA-N. REMOVAL (Specify) BALTO-16-SURIAL BOEEMER. TE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE CAL REGISTRAR

BINDING FOR MARGIN RESERVED

VS 150

DIVORCED (Specify)	July 9, 18	last birthday	Months Days Hours Min.
BUSINESS OR INDUSTRY		(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	14. MOTHER'S M.		
	Juli	a E. Bailey	
SECURITY NO.	17. INFORMANT		ADDRESS
20-30-6773	B. C.H. 494	O Eastern Ave.	(records)
CAUSE C	OF DEATH		INTERVAL BETWEEN
A 2	a Camalaan	of Thansa Cana	
(A) ACVANC	se careinom	a of Kidney Gene	railsed
DUE TO with !	letastasis		
(B)	••••••	***************************************	***************************************
DUE TO			ILLE BE TO SE
(C)			***************************************
G E			
N FOR WHICH OP		IF OPERATION WAS RELAT CAUSE OF DEATH, ENTE PART I OR PART II	
ACE OF INJURY (e	g., in or 21c. WHE	RE DID (If In Baltimore	
a. m., acoory, screet, ource i	mag, etc.) INSORT C	CONT	
INJURY OCCURRE		DID INJURY OCCUR?	
LE AT NOT WHILE			
eased from 9	-24 , 195	3, to 10-5 , 1	953, that I last saw the
that death occur	red at 2:10p m		on the date stated above.
	BB. ADDRESS	tern Ave.	23c. DATE SIGNED
M. D. NAME OF CEMETER		24b. LOCATION (City, t	
The same of the same of the same			
oudon Pank	7	HUST TOTAL	
oudon Park	25, FUNERAL DIE	Bal timore	ADDRESS
oudon Park	25. FUNERAL DIE		ADDRESS

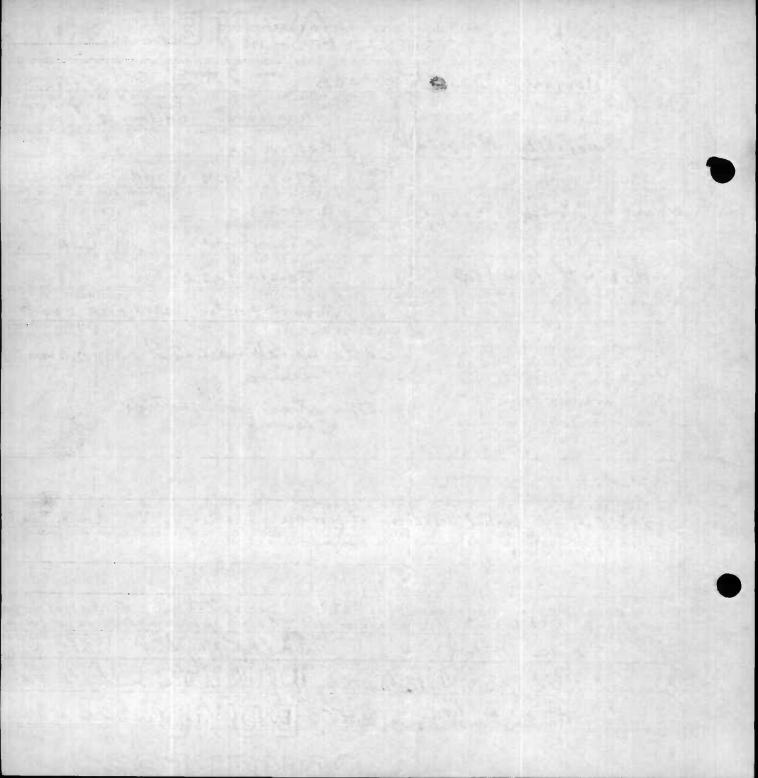
before admission)

Tanker - Lyings . St. of Lab . st work P. S. W. W. Self Stell And the second s

0 Every write th RESERVED INK. UNFADING Physicians: 1 MARGIN important. 回 M

supplied.

especially age PLEASE correct ag

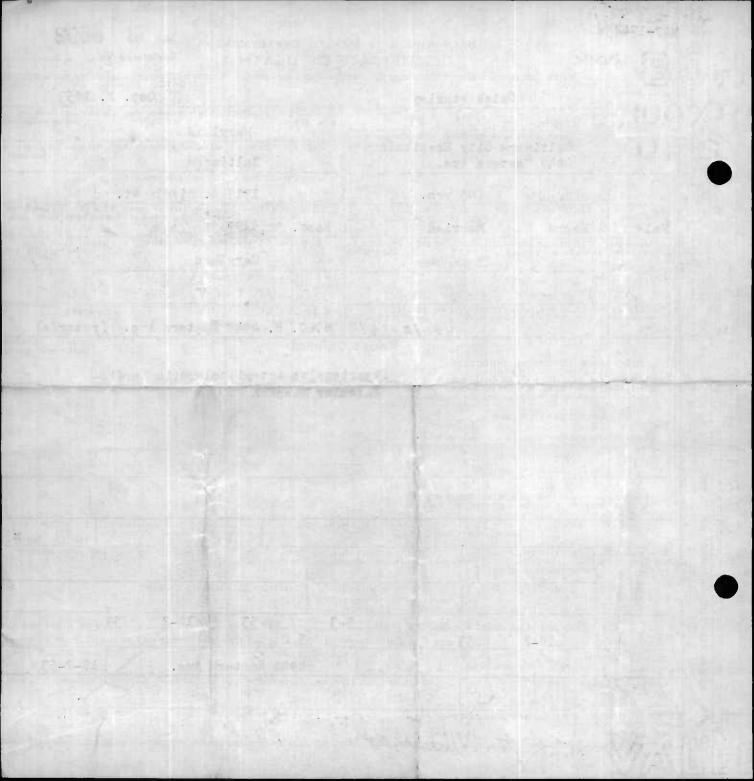


MAF-17	4236	
53 BIRTH NO	8892	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8892 Registered No.

	ype or Print) Caleb Stanley		OF DEATHOST. 2, 1953
3. A.	PLACE OF DEATH: Baltimore City, Maryland Bulto, City	4. USUAL RESI	IDENCE (Where deceased lived, if institution: residence B. COUNTY before admission)
8.	FULL NAME OF (If not in hospital or institution, give street/address or		Maryland
H	Baltimore City Hospital decation) 4940 Bastern Ave.		WN (If outside corporate limits, write RURAL and give Baltimore township)
	Yrs. Mos.		ORESS (If rural, give location)
	Length of stay in Baltimore 45 yrs. Days	11	1315 E. Biddle St.
5.	Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married Married	Sept. 30	birthday) Months; Days Hours; Min.
10 work	A. USUAL OCCUPATION (Give kind of lob, KIND OF BUSINESS OR INDUSTRY	,	E (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME Stanley	14. MOTHER'S M	
15 (Ya	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL O oo or unloown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
(o or unitown) (If yee, give war or dates of service) SECURITY NO.	B. C. H.	4940 Mastern Ave. (records)
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	of DEATH tensive Art ular Diseas	erieseleretie Cardio
FICATION	ANTECEDENT CAUSES (B)		
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	-	
_	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION	IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN PART I OR PART II
MEDICA	21A. ACCIDENT WAS UNDERLYING☐ 21B. PLACE OF INJURY (OR CONTRIBUTING☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e.g., io or 21C. WH bldg., etc.)	HERE DID (If in Baltimore City, give exact location) OCCUR?
	210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK	LE	W DID INJURY OCCUR?
	, ,		53 to 10-2 , 1953, that I last saw the
	dcccased alive on 10-2 , 19 53 and that death occu	238. ADDRESS	m., from the causes and on the date stated above.
	H7 John by . M.D.		Eastern Ave. 10-2-53
2. TV		long	Burry 19 (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	GLINES C	D. Wilson 1000 Blosstry
	vs 150 Hundington House	2041	



PLEASE

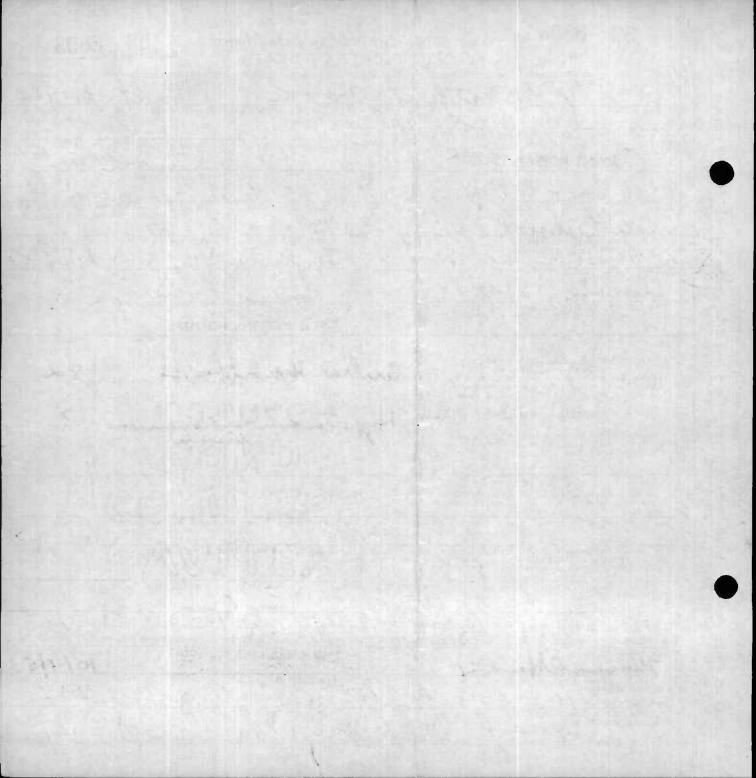
INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN 21c. WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 1953 that I last saw the deceased alive on 10 - 3 - 1953 and that death occurred at 056 m., from the causes and on the date stated above. 23c. DATE SIGNED LOCATION (City town, or county) (State) AUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

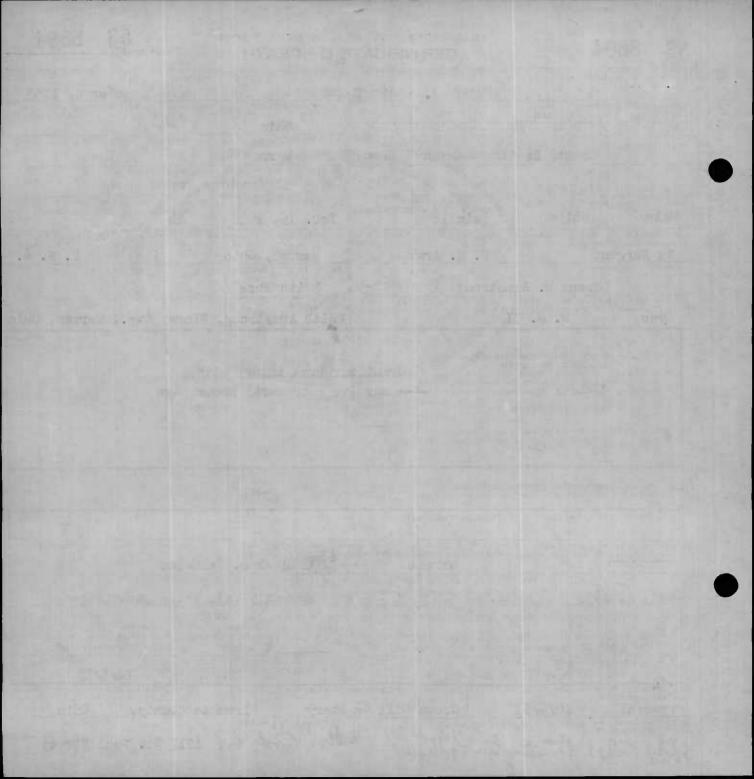
before admission)

12. CITIZEN OF

ADDRESS

township)





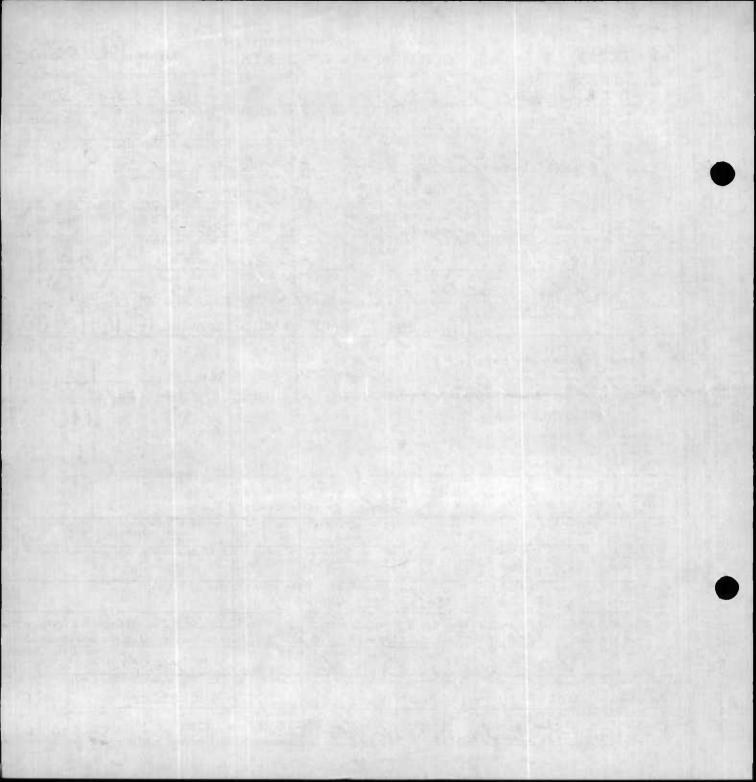
BIRTH NO.

LOOKING BILL.

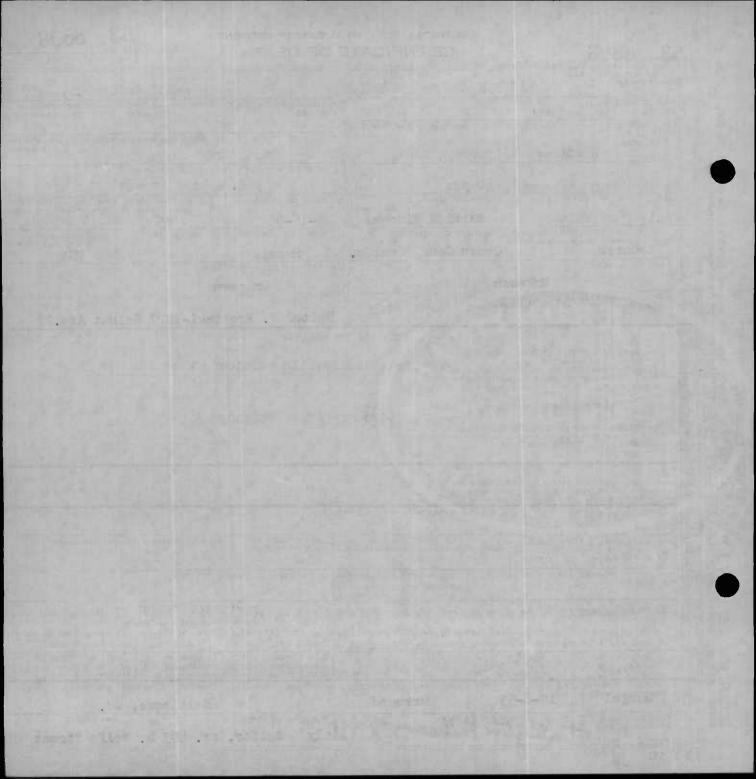
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8895

1.	NAME OF DE	ECEA.JOP	/					2. DATE OF			
		March	Sacke	ing bill	0			DEATH /	0-4	-23	
3 A	Baltimore C	ity, Maryland				A. STATE	DENCE (W	here deceased lived B COUNTY		ion : reside before adm	
	FULL NAME O	OF (If not in hos	pital or institu	tion, give street ac	dress or ocation)				0		
	NSTITUTION		./	- 1/ 1	ocation)	C. CITY OR TOV	VN (If o	outside corporate l	imits, write		and give waship)
	38	Unwer	uly	Haspi,	Las	Ker.	ters	awa			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				0	Yrs.	D. STREET ADD	RESS (If r	ural, give location)	A	11-
1		ay in Baltimore		30	Mos. Days		lemus H		200	8	
5	SEX	6.COLOR OR RAC	WIPOV	E. MARRIED.	(Specify)	8. DATE OF BIR	тн 5—188	9. AGE (in year)	Months Da		24 Hours Dlin.
10	DA. USUAL OCC	CUPATION (Give kind		o of Business	OR	11. BIRTHPLACE	1		1 12 CI	TIZEN OF	
WOF	House House	working life, even if retir	ed)		USTRY		uyle		W	HAT COU	
1:	3. FATHER'S N	AME/				14. MOTHER'S		ME C			
		John	KEd	ling		_ Ele	mar	/ C. Luc	kbaug	h	
1: (Y	5. WAS DECEASE	D EVER IN U. S. ARM (If yes, give war or d	MED FORCES?	16. SOCIAL	V NIO	17. INFORMANT			ADDRES		
1	No or unknown)		,	None	I NO.	Mary Elle	n Alle	n Owings	M111	a Md	
	18. 526	V				OF DEATH			IINT	FERVAL BE	
		E OR CONDITION	N DIRECTI V			o. DEATH			ON	SET AND	DEATH
		LEADING TO DE	ATH		Bra	nchie	61.	:			
	heart failur	not mean the mod- e, asthenia, etc. It m	neans the diseas	se.		72 27 22 2		W	100010000000000000000000000000000000000		
	injury or	complication which	caused death	n.) DUE TO							
		ANTECEDENT CA	USES								
Z				(8)	*************	***************************************					W III
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO										
A	UNDERLY	ING CONDITION	LAST.								
2	100			(C)		***************************************		***************************************	••••••••••••••••••••••••		
RTIFIC		11							1		
	OTHER SIGI	DEATH BUT NOT	NS CONTRIBI	UTING 4	4	i lelce	/	_)			
CE	DISEASE OF	CONDITION CAUSE	ING IT.	JA SA	occi	ema	rs (-	2/			
AL	19A. DATE OI	F OPERATION /	198. COND WAS PERFO	TION FOR WH	ICH OF	PERATION	CAUSE OF	ION WAS RELATE DEATH, ENTER PART II	D IN	AUTOPS	SY?
CA		NT WAS UNDERL		PLACE OF IN.	JURY (e. g., in nr 21c. WH	ERE DID (I	f in Baltimore C			
MEDI		UTING CAUSE FY MEDICAL EXAMI		home, farm, factory, st	reet, office	bldg.,etc.) INJURY	OCCUR?				
-	21D TIME (Month) (Day) (Yes	ar) (Hour)	2 IE. INJURY O	COURRE	21F. HO	N DID INJU	JRY OCCUR?		34-11-1	
	OF INJURY		m.	WHILE AT WORK	NOT WHIL						
	22. I hereby	certify that I d	attended the	deceased from	n	9-7 .19	2310	10-4,1	9.53that	I last so	aw the
	deceased al			and that deat.		red at 700 by		e causes and o			
	23A. SIGNAT			7		3B. ADDRES				DATE SI	
	Acres I in	LIV	Elgin	2.6	I. D.	Univer	uti	Hash	fall	10-5	5-13
2	4A. BURIAL, C	REMA- 248. DATE				RY OR CREMATOR	Y 240. LO	CATION Wity, to	own, or coun	ity) (State)
TI	ON BEMOYAL ST	Oct 7	1953	Manche	eton		Mar	nchester		IM	d
11-	ATE RECEIVED		R'S SIGNATI	IDE	oer.	Cemetery		- arronget.	ADDR		
	OCAL REGISTE		A SIGNATU	Wills	-40	Barnam		ons keis			-
	4016-	059 11	Andrew	KYWEALLA	- 11	6 1 9	41 ~ 5	our Hers	cer.ar	OWN IX	C
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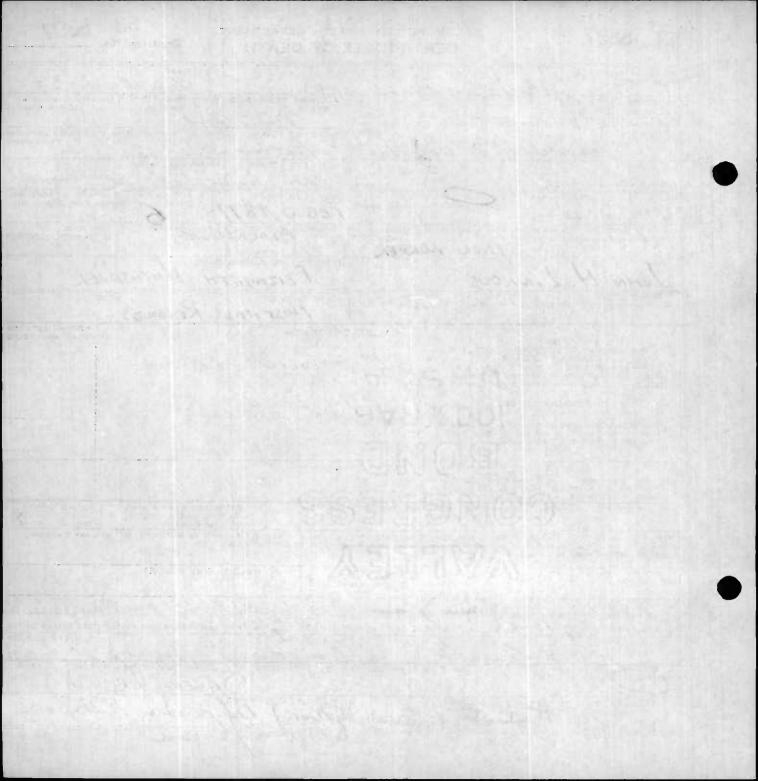


1		BAI	LTIMORE CITY HE			Posiston	3 8	8896
E	OCCON HEME	N	CERTIFICATI	E OF DEAT	TH	Registere	d No	
	NAME OF DECEASED Type or Print) JOSEPH PROTISE			KI		2. DATE OF DEATH OC	tober	5, 1953
	s. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESID	DENCE (Wh		If institut	
1	R. FULL NAME OF (not in hospital or institution, give street address or location) NSTITUTION Delta recognition			C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
-	Baltimore City Hospitals Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 645 S. Lehigh Street				
	5. SEX 6. COLOR OR RACE Male White	8. DATE OF BIRTH 9. AGE (In years of birds) Year Months: Days Hours Mi 4-15-88 9. AGE (In years of birthday) Months: Days Hours of Mi						
1 100	OA. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) Laborer	108. KIND OF BUSINESS OR INDUSTR Crown Cork &SealCo		11. BIRTHPLACE (State or foreign country) 12			W	TIZEN OF HAT COUNTRY
1	. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				0011
-	Unkno			Unknown				
(Y	. WAS DECEASED EVER IN U.S. ARMED , no or unbnown) (11 yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Dan 4 2 -1	1-1 1000 W.	ADDRES	
-	18. / / 1			Walter W.	Prous	KI-1951 Ma		AVE. 22
RTIFICATION	ANTECEDENT CAUSES (B) Coronary insufficiency DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)							
EDICAL CE		ATION				O. AUTOPSY?		
	UNDERLYING OR CONTRIB-	n or 21C. WHERE DID (If in Baltimore City, give exact location)						
ME		ED 21F. HOW DID INJURY OCCUR?						
	22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and f Autopsy. Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated ab and death in my opinion resulted from: natural eauses A, accident A, suicide A, homicide A, undetermined A.							
	23A. SIGNATURE CHANN	23a. SIGNATURE 23B. CHIEF MEDICAL EXAMINER						e signed 5, 1953
T	244. BURIAL CREMA- ION, REMOVAL (Specify)		Parkwood	RY OR CREMATORY		Baltimore,		nty) (State)
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	WRITE PL. LY	and the same of the same
	PLEASE WRITE PL. LY, WITH UNFADING INK. Every item of	Total Control of the

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53	88	97	BA	CERTIFICAT				Regist	ered No	00	37
BIRTH	NO.			CERTIFICAT	E OF	DEAT					
	r Print)	CEASED	ul O	inkaus				2. DATE OF DEATH	10-	4-	23
A. Balt		ty, Maryland			A. STAT		ENCE (Wh	ere deceased I	lived. If ir	stitution : befo	residence ore admission
	L NAME O TAL OR UTION	,	-	tion, give street address o location	\	OR TOWN	(If or	utside corpora	te limits.	write RU	RAL and give
31		uwere	uly	Halfetal Yrs.	D. STRI	SALTE	SS (If ru	ral, give loca	tion)	المالية المالية	<u> </u>
		y in Baltimore		Mos. Days		4 1	aral	eton)	SI		Sauth)
5. SEX	4	COLOR OR RAC		E MARRIED. VED, DIVORCED (Specify		3/1	877	9. AGE (In y last birthd		Index 1 Year ths Days	Hours Mir
		UPATION (Give kind working life, even if retir		O OF BUSINESS OR INDUSTRY	11. BIR	THPLACE (State or fore	eign country)		12. CITIZ WHAT	EN OF
13. FAT	THER'S NA	ME, /	1/100	ronker	14. MOT	THER'S MA	IDEN NAM	1/			
V	OHN	H. Lin	IKOUS		1.	-LIZA	BETH	MA	MMA	KER	
15, WAS (Yes, no o	S DECEASEL r unknown)	EVER IN U.S. ARM (If yea, give war or d	AED FORCES? ates of service)	16, SOCIAL SECURITY NO.	17. INF	ORMANT	ML	RECOR		DRESS	182
Z	ADISEASES RISE TO TH	omplication which INTECEDENT CA OR CONDITIONS E ABOVE CAUSE (NG CONDITION	USES , IF ANY, GIVI A) STATING T	(B)	eart	- J	žili.	ne/			
	TO THE	IFICANT CONDITION DEATH BUT NOT CONDITION CAUST	RELATED T								
19A	. DATE OF	OPERATION	19B. COND WAS PERFO	ITION FOR WHICH C	PERATIO			ON WAS REL DEATH, E PART II			UTOPSY?
U 21A	CONTRIBU	NT WAS UNDERLUTING CAUSE	OF about	B. PLACE OF INJURY home, farm, factory, street, office		21c. WHEI		in Baltimo	re City, s	give exact	location)
	TIME (M	Ionth) (Day) (Ye	ar) (Hour) m.	21E. INJURY OCCURE WHILE AT NOT WH WORK AT WO	ILE	21F. HOW	טנאו פום	RY OCCUR	7		
	I hereby	certify that I	attended the	deceased fromsand that death occu	10-	-4, 195		10-4 e causes an			last saw t
	A. SIGNAT	JRE LW	Elan	A. M. D.	238. ADD	RESE	ites	(Say	Sital	23c. DA	TE SIGNE
24A. I	EMOVAL (Sp	REMA- 24B. DAT	1 4	24C. NAME OF CEMET	ERY OR CF	REMATORY	1/5	LEM	1/	or county)	
	RECEIVED REGISTR	AR	R'S SIGNAT	1/1/11/	25 FUI	NERAL DIF	1	n oben		ADDRES	
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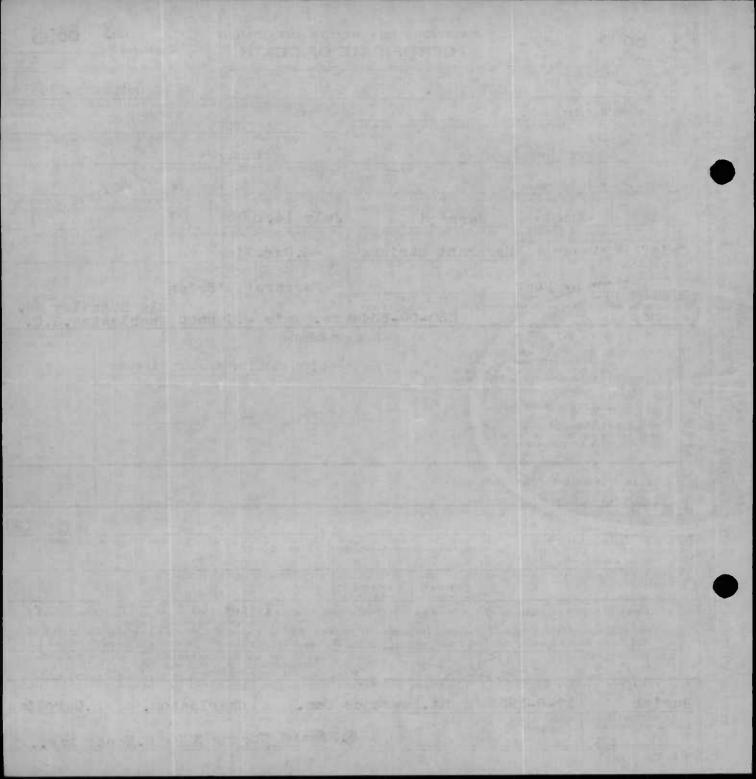
Howard

Strong

W. North Ave

LOCAL REGISTRAR

VS 151 unhughor



RTH NO

NAME OF DECEASED

PLACE OF DEATH:

vpe or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

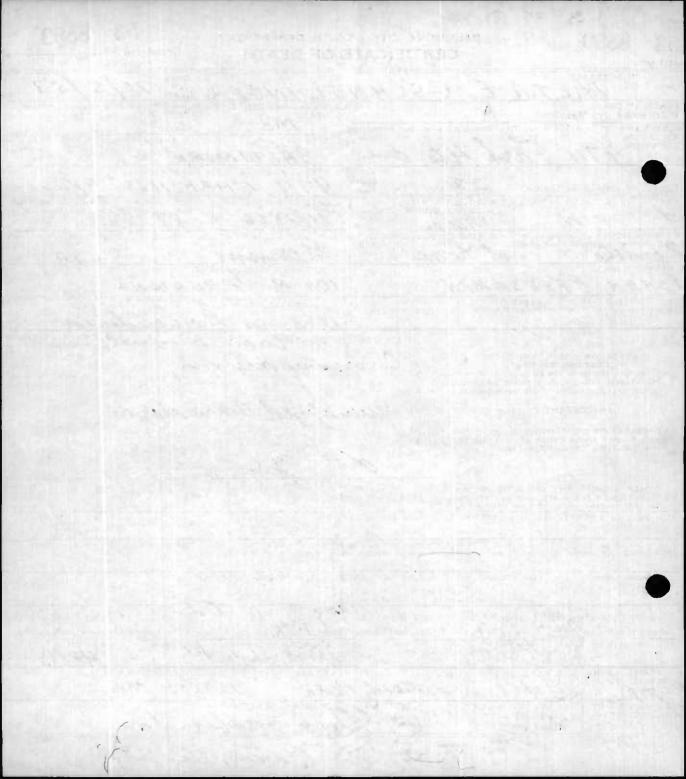
GSCHNEIDINGE

53 8899 Registered No.

2. DATE

OF DEATH

4. USUAL RESIDENCE (Where deceased lived, If institution: residence Baltimore City, Maryland B. COUNTY before admission) FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give STITUTION township) TIMORE Yrs. (If rural, give location) Moa ARK HTS. AVE Length of stay in Baltimore Dave SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under ? Year It Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF eduring most of we king life, even if retired) INDUSTRY WHAT COUNTRY USA FATHER'S NAME RERICHS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT SECURITY NO. 18. 420:1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, astbenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT. SUICIDE. 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? IME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from 19 11 to 19 1 that I last saw the and that death occurred at 1.20 deceased alive on A.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. PATE SIGNED 4c. NAME OF CEMETERY ATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS REGISTRAR alonoville

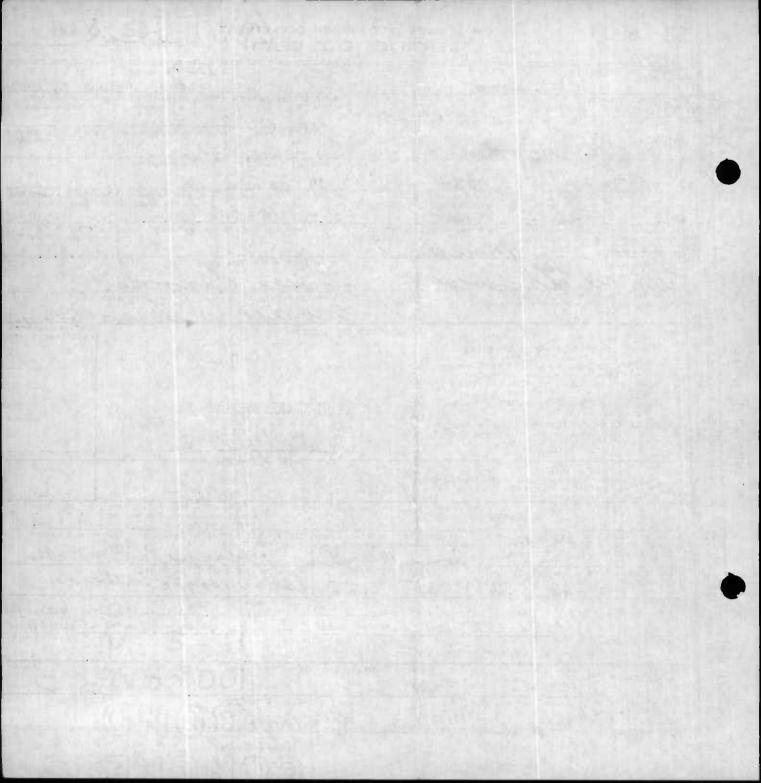


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The		RTH NO.
7		NAME OF DECEASED ype or Print)
liec	3.	PLACE OF DEATH:
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δ. Ν	H	OSPITAL OR ISTITUTION
Eull ly.	4	St. Agnes
Plegibl	1	Y
be le		Length of stay in Baltimor
IDING information should be of death clearly and l	M	ale white
shou	10	A. USUAL OCCUPATION (Give ki
on		Retired
NG rmati death	13	FATHER'S NAME
INC orn	15	WAS DECEASED EVER IN U.S. AF
BINDING of inform		WAS DECEASED EVER IN U.S. As (If yes, give war or
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OR item e cal		DISEASE OR CONDITION
FOR F		(This does not mean the mo heart failure, asthenia, etc. It
Ever Write		injury or complication which
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PL.		22. I hereby certify that I
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		Thomas
<u>වි</u> ව	2.4 TI	AA. BURIAL, CREMA- 24B. DAT ON, REMOVAL (Specify)
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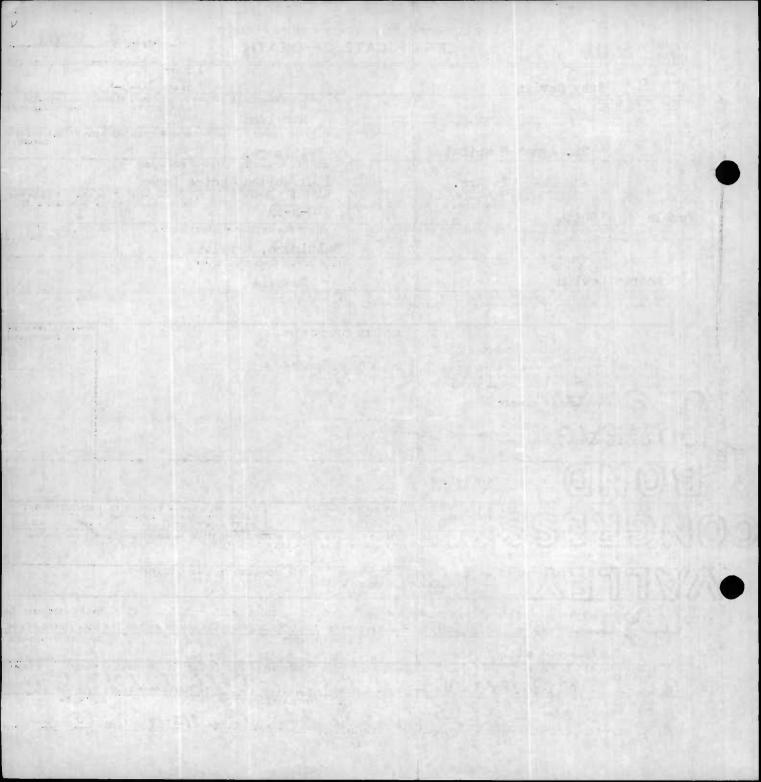
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Registered	No.

CERTIFICAT	F OF DEATH Registered No.
BIRTH NO.	L OF BEATH
1. NAME OF DECEASED (Type or Print)	2. DATE OF
Grimes, George	DEATH Uctober 5, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland Rollings (and)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
A. Baltimore City, Maryland Baltimore, Karyland B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
H O St. Agnes Hospital	Roltinana Manual and
Yrs.	D. STREET ADDRESS (If fural, give location)
c. Length of stay in Baltimore 92 Yrs Mos. Days'	19 Eggs Lane #28
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years Winder I Year Winder 24 Hours
Male widowed (Specify)	10.24 /860 last birthday) Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work dooe during most of working life, even if retired)	
13. FATHER'S NAME	Maryland U.S.A. 14. MOTHER'S MAIDEN NAME
Man les at a conson	7 1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	your anjour
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Me acas wressell
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	10 m
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	way from ora 10 mm.
injury or complication which caused death.) DUE TO	
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Z DISEASES OR CONDITIONS, IF ANY, GIVING	confumeration 1/0 95
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UNDERLYING CONDITION LAST.	VIllia UNOR M.D.
L U	CHIEF OR ASST. MEDICAL EXEMPLY.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	T. On/4/2 91-
DISEASE OR CONDITION CAUSING IT.	aus, Xeffern Jua
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OF	CAUSE OF DEATH, ENTER IN
V 21a. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	PART I OR PART II YES NO LET OF STATE O
OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office	bldg., etc.) INJURY OCCUR?
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OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCUPA	
OF INJURY 9 26 53 m. WHILE AT NOT WHI	I feel on way to see
22. I hereby certify that I attended the deceased from	7/24, 193, to 10/5, 1933 that I last saw the
deceased alive on 19/5, 19 13 and that death occur	rred at 1250m., from the causes and on the date stated above.
deceased alive on 14/5, 19 13 and that death occur	23B. APDRESS 1// A H 23C. DATE SIGNED
Mones J. Or well M. D.	7 tagnes Hoyely 29 10/5/53
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specity) 10/8/5-3 924 Cel	ine Back Co
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
OCT 7-10534 4: 15 WILLIAM MI	RIOR NAVA 18/or
VS 150	4 17.7 1/ 2x
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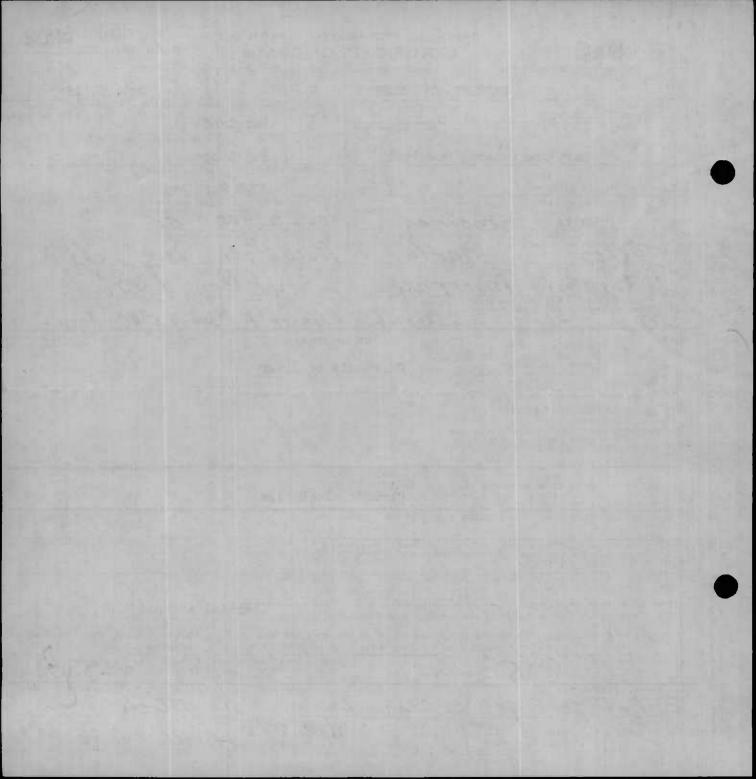
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	53 80	111 -2.2		CERTIFICATI			Registere	No	3801
BI	NAME OF D	ECEASED	1020				2. DATE		
	ype or Print)	Baby Devlin					DEATH 10-	6-53	
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RES	SIDENCE (V	Where deceased lived. B. COUNTY		on : residence perore admission)
В.	FULL NAME		al or institut	ion, give street address or location)	Mary			Salle	DECEMBER 1
	STITUTION	St. Agnes	Hognit.		c. CITY OR TO		outside corporate li	mits, write	township)
1	 1	Out Agries	HOSPIC	Yrs.	Baltimo		rural, give location)	0 2/0.0	
c.	Length of s	tay in Baltimore	24 hrs	• Mos. Days	1041 Mai	den Cho	oice Lane		
5.	SEX	6. COLOR OR RACE		E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BI		9. AGE (In years last birthday)	Months Da	Hours Min.
1	male	White			10-5-53			140 613	
		CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	Baltimore				TIZEN OF HAT COUNTRY!
13	FATHER'S	NAME			14. MOTHER'S				
	Andrew	Devlin			Rosal	lie			
		ED EVER IN U.S. ARMEI		16. SOCIAL SECURITY NO.	17. INFORMAN	т		ADDRESS	5
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TIFICATION									
ER	TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT OR CONDITION CAUSING	RELATED TO						
CAL C			VAS PERFO	TION FOR WHICH OF RMED. PLACE OF INJURY (PART I	ATION WAS RELATED DE DEATH. ENTER OR PART II	YES	
MEDIC	OR CONTRIB	BUTING CAUSE OF	about	home, farm, factory, street, office	bldg.,etc.) INJUR	Y OCCUR?			
2	21D. TIME (OF INJURY	(Month) (Day) (Year)	(Hour)	WHILE AT NOT WHILE WORK AT WORK	LE	OW DID IN	JURY OCCUR?		
	22. I hereb	y certify that I at	tended the	deceased from 10			10-6,1		
	deceased a	live on 10 - (6)-	. 1953/	and that death occur	rred at 3:30 h	m., from	the causes and or	n the date	stated above.
	23A. SIGN)	-dlamin al	in h	ry W M.D.	S. ADDRESS	ues A	ter 12		-7-53
2 11	4A. BURIAL, ON REMOVAL (S	CREMA- 24B. DATE Specify) OX7-	953	New Cathed	ral Cemet	ORY 240.		PL B	to Md.
	ATE RECEIVE	RAR A	SSIGNATI	25.00 000	25. FUNERAL		c. 712-146	Month C	
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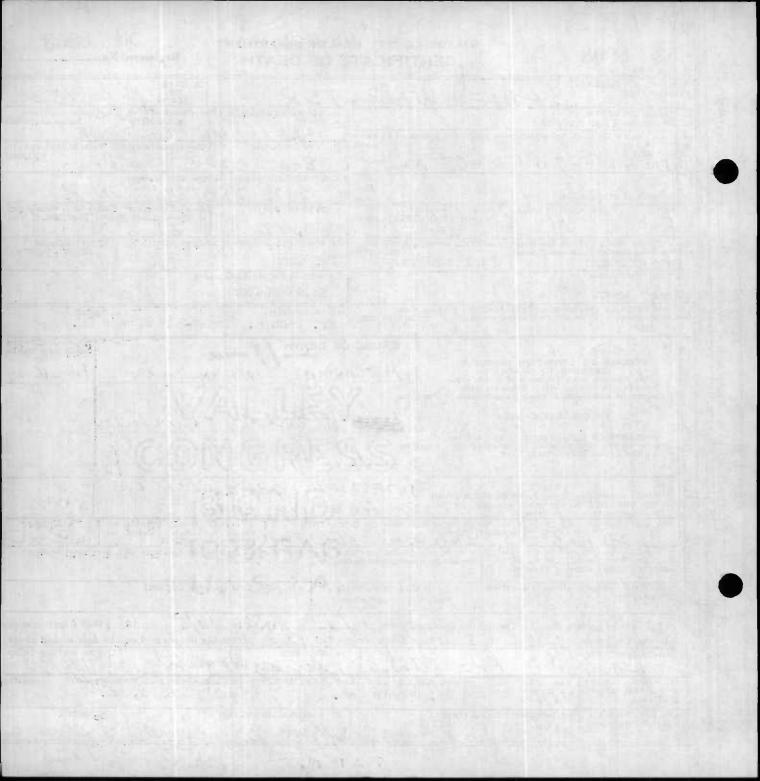
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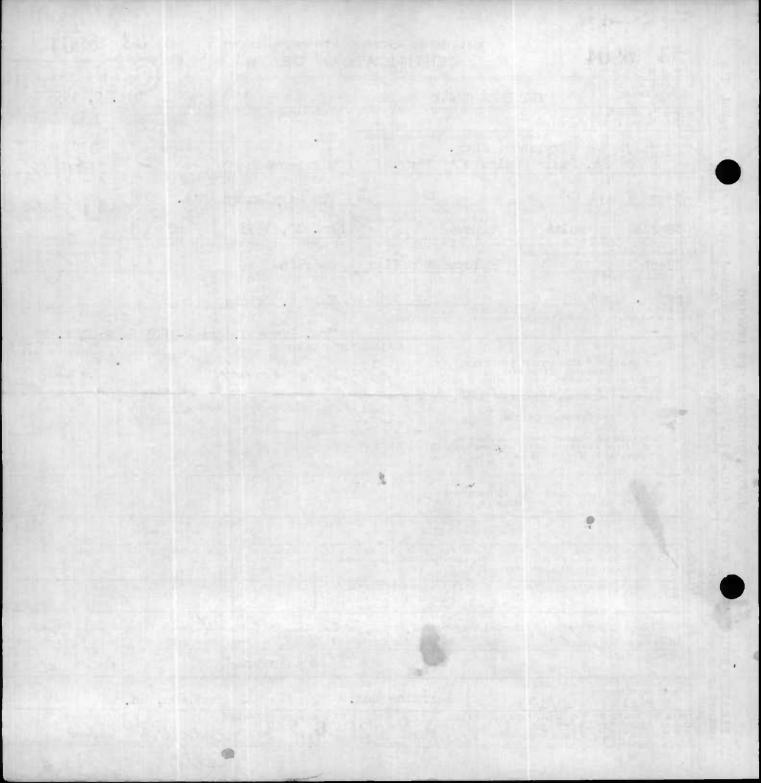
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	9004
00	8904
Registered No.	

1	OU U	304		CERTIFICATI	E OF DEA	TH	Register	ed No		
11	IRTH NO.	FCFACED								
C	NAME OF D Type or Print)		EMMA SH	HANK			2. DATE OF DEATH	ct. 5	, 19	53
	PLACE OF D	City, Maryland			4. USUAL RESI	DENCE (V	Where deceased live B. COUNT			residence e admission)
			al or institut	ion, give street address or	1}	- 12	B. COOI411		06101	e admission)
H	OSPITAL OR	The Maryland			C. CITY OR TOW	VN (II	outside corporate l	limits, writ	le RUR	
11	L	St. Paul & U			Baltimore		12	-0	2	township)
				Yrs.			rural, give location	1)		
	Length of s	stay in Baltimore		Mos. Days	The Maryl	andan	Anto			
	. SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED,	8. DATE OF BIR	TH	9. AGE (In year	s If Under 1	YesY	If Under 24 Hours
E	female	white	Widow	red, DIVORCED (Specify)	Mar. 10, 1		last birthday)	Months	Days 1	Hours Min.
WOI	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE	E (State or f	oreign country)		CITIZE	N OF
	Clerk		Employ	yment Office	Maryland					O O O I I I I I
13	3. FATHER'S	NAME			14. MOTHER'S N	MAIDEN N	AME			
T	evy W. S	hank			Mares E II	la i mlas				
1:	5. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	Mary E. H			ADDRE	38	
(Y	ss, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.						
-	-					e V. F	rank-3501			AL BETWEEN
	18. 44:			CAUSE	OF DEATH					AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEAT		100	1/ Hen	as . lon			10 30.	4
	(This does	s not mean the mode oure, asthenia, etc. It mea	f dying, e. g	(A) E1U	not Ivas	rung			10 /20	early.
		complication which c			1	0	love.			
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z				(B) Harl	tuni	~			83	ns.
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CA	21A. ACCID	ENT WAS UNDERLYI	NG I 21B	. PLACE OF INJURY (e. g., in orl 21C. WH		OR PART II	- 1		
ā	OR CONTRI	BUTING CAUSE OF	about	home, farm, factory, street, office						
ME										
	OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE		W DID IN.	JURY OCCUR?			¢ .
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13	december =	line on the latt	to Co	and that death occur						
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		and marge	1		3B. ADDRESS	Yarl c	57	De	15	43
2	4A. BURIAL,	CREMA- 248. DATE		M. D. 24c. NAME of CEMETE			OCATION (City, t	own, or co	unty)	(State)
T	ON, REMOVAL (S	Specify)		Lorraine Cem.			oodlawn, Mo		1	
-	Burial.	10/8/53	C CICNATI			RECTOR	Coultivity Fit		RESS	
	OCAL REGIST		J- GNAT	11.3 0 D	700	7	1/2 /	1 7	1 / 4	
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- 6	20				
		PALTIMODE CITY H	EALTH DEPARTMENT	53	8905
53	8905		E OF DEATH	Registered No.	
TH NO.		CERTIFICAT	E OF DEATH	2008.001.01	
NAME OF ne or Print)	DECEASED	1 401 .		2. DATE OF	1
	Krach, K	obert Theodo		DEATH 60	453
Baltimore	City, Maryland		4. USUAL RESIDENCE (V	where deceased lived. If ins	titution: residence before admission)
ULL NAME	OF (If not in hospital o	r institution, give street address o	or Maryla	nd	,
SPITAL OR		Iocation	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give
Mai	or Merion	al Hors	12016	1-1-	0-5
2.5		Yrs. Mos.		pural, give location)	A
	stay in Baltimore	Days	1 6006 X	eflor av	
SEX	6. COLOR OR RACE 7	. SINGLE, WARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	ast birthday) Month	er I Year If Under 24 Hours si Days Hours Min.
/n_	w		Mar 23, 1878	7.5	
. USUAL O	CCUPATION (Give kind of 10 top (working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	oreign country) 12	. CITIZEN OF WHAT COUNTRY?
	horker 10	reluch Dros ME	TAL Balto		4829
FATHER'S	NAME -	,	14. MOTHER'S MAIDEN N.	AME //	
Ph	ley , /ho	ch	Elisabelt	01/0	
WAS DECEA	(If tes, give war or dates of	ORCES? 16. SOCIAL service) SECURITY NO.	17. INFORMANT	ADD	RE9S
No		SECORITI NO.	Mrs Horene	e Krach 1	Jame
18. F 9	02.0	CAUSE	OF DEATH		INTERVAL BETWEEN
	SE OR CONDITION DIF		0	1	ONSET AND DEATH
(This do	LEADING TO DEATH es not mean the mode of d	ving. e.g. Intra	cramal trumor	rhage	18 hrs
heart fail	ure, asthenia, etc. It means to complication which caus	the disease.		0	
				10	
	ANTECEDENT CAUSES	Fracu	us thoracic v	utilra	18hrs
	S OR CONDITIONS, IF AT	ATING THE DUE TO A	0 0		,
UNDERL	YING CONDITION LAST.	Retzon	eretoural tiru	indias	18 his
					118 MG
		(6)	CERTIFICATIO	N APPROVED BY	18143
OTHER	11	(6)	CERTIFICATIO	N APPROVED BY	18705
TRIBUTIN	SIGNIFICANT CONDITION OF TO THE DEATH, BUT NOT	T RELATED Sungales	CERTIFICATION Same Poly	Est	18 MS
TRIBUTIN TO THE	SIGNIFICANT CONDITION G TO THE DEATH, BUT NO DISEASE OR CONDITION CA	T RELATED Surply	sema_Bf	Fesher W.D.	
TRIBUTIN TO THE	SIGNIFICANT CONDITION G TO THE DEATH, BUT NO DISEASE OR CONDITION CA	MAJOR FINDINGS OF OPE	CERTIFICATION SELEC CHIEF OR ASST.	Fesher M. D. MEDIGAL EXAMINER.	20. AUTOPSY?
TRIBUTIN TO THE	SIGNIFICANT CONDITIONS G TO THE DEATH, BUT NOT DISEASE OR CONDITION CA OF OPERATION 198	MAJOR FINDINGS OF OPE	Serve St. RATION CHIEF OR ASST. Grain & Sulde	MEDIGAL EXAMINER.	20. AUTOPSY? YES NO
TRIBUTIN TO THE 19A. DATE 21A. ACCL LYINGT	SIGNIFICANT CONDITIONS G TO THE DEATH, BUT NO DISEASE OR CONDITION CAP OF OPERATION 199 4 5 3 199 DENT WAS UNDER- OR CONTRIBUTING 1	MAJOR FINDINGS OF OPE	CERTIFICATION RATION CHIEF OR ASST. Grain in or 21c. WHERE DID (II) in,etc.) INJURY OCCUR?	Fesher M. D. MEDIGAL EXAMINER.	20. AUTOPSY? YES NO
TRIBUTIN TO THE 19A. DATE 21A. ACCL LYING CAUSE OF	SIGNIFICANT CONDITIONS G TO THE DEATH, BUT NO DISEASE OR CONDITION CAN DESCRIPTION 199 OF OPERATION 1	MAJOR FINDINGS OF OPE 218. PLACE OF INJURY (c. g., bout home, farm, factory, atreet, office bldg 5911 Buyers her	CERTIFICATION Service RATION CHIEF OR ASSI. La or 21c. WHERE DID (I INJURY OCCUR? INJURY OCCUR? THE HOME OF REENE	MEDIGAL EXAMINER, of in Baltimore City, give 2 - Loch of	20. AUTOPSY? YES NO
TRIBUTING TO THE SOLUTION TO T	SIGNIFICANT CONDITIONS G TO THE DEATH, BUT NOT DISEASE OR CONDITION CA OF OPERATION	MAJOR FINDINGS OF OPE 218. PLACE OF INJURY (c. g., bout home, farm, factory, street, office bidg 91. Buyes far bours 21E. NJURY OCCURI	CERTIFICATION RATION CHIEF OR ASST. CLOSIN SUICE IN OT 21C. WHERE DID (II INJURY OCCUR? INDURY OCCUR? RED 21F. HOW DID INJURY	MEDIGAL EXAMINER, of in Baltimore City, give 2 - Loch of	20. AUTOPSY? YES NO
TRIBUTIN TO THE 19A. DATE 21A. ACCL LYING C CAUSE OF 21 ME OF JRY	SIGNIFICANT CONDITION OF THE DEATH, BUT NO DISEASE OR CONDITION OF OPERATION 198. OF OPERATION 198. DEATH WAS UNDERDED CONTRIBUTING 18. (Month) (Day) (Year) (House 18.	MAJOR FINDINGS OF OPE 218. PLACE OF INJURY (e. g., bout home, farm, factory, etreet, office bldg 91 Buyer how while at Not while m. WHILE AT NOT WHILE AT WORK	CERTIFICATION SELICA RATION CHIEF OR ASST. La or 21c. WHERE DID (I INJURY OCCUR? MARCHAEL 21F. HOW DID INJURY OCCUR? FEED 21F. HOW DID INJURY FEED 4	MEDICAL EXAMINER. of in Baltimore City, give coccur?	20. AUTOPSY? YES No exact location)
TRIBUTING TO THE 19A. DATE 21A. ACCL LYINGE CAUSE OF 21 ME OF JRY 22. I here	SIGNIFICANT CONDITION OF THE DEATH, BUT NO DISEASE OR CONDITION OF OPERATION 1990 OF OPERATION	MAJOR FINDINGS OF OPE 21B. PLACE OF INJURY (e.g., bout home, farm, factory, street, office bldg 911 Buy has be our) 21E. NJURY OCCURI WHILE AT NOT WHILE MORK ded the deceased from 500	CERTIFICATION SELICA RATION CHIEF OR ASST. Land Sunder In or 21c. WHERE DID (INJURY OCCUR? MARKED 21F. HOW DID INJURY FELL Off 191, to	MEDIGAL EXAMINER. of in Baltimore City, give coccur? occur? occur?	20. AUTOPSY? YES No exact location) And 17-44 hat I last saw the
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BURIAL CREMA- 248 DATE REMOVAL (Specify)

TE RECEIVED BY

M. D.

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METERY OR CHEMATORY

4D. LOCATION (City/Lown, or co

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Buldred J. Blight Address

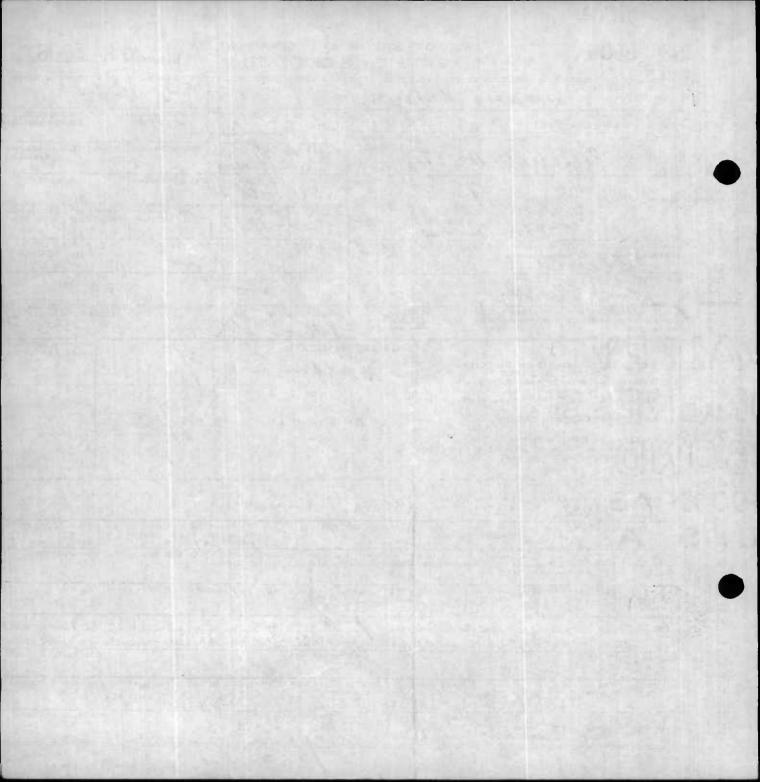
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NOT A MEDICAL EXAMINER'S CASE

MI.D.

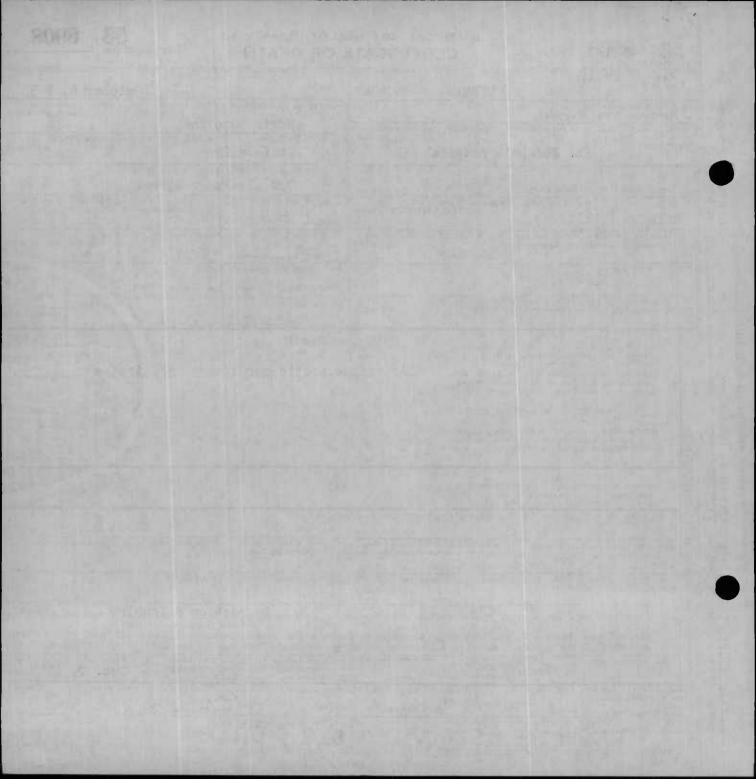
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7 53 89	08		TIMORE CITY HE	EALTH DEPARTMENT	53 Registered No	8908
BIRTH NO.			CERTIFICATI	E OI DEATH		
1. NAME OF DI (Type or Print)	ECEASED	DENNI	S VAN HOR	N	2. DATE OF DEATH Octob	er 6, 1953
3. PLACE OF DI	EATH: lity, Maryland			4. USUAL RESIDENCE (V		
B. FULL NAME OF HOSPITAL OR INSTITUTION			on, give street address or location)	North Caro	lina outside corporate limits,	30
			Yrs.	D. STREET ADDRESS (If		
	tay in Baltimore		Mos. Days	702 Alexan	der Street	
Male Male	White		. MARRIED, ED, DIVORCED (Specify)	Sept. 5-1880		der I Year If Under 24 Hours hs Days Hours Min.
	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country) 1.	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N	IAME	, - , -	~	14. MOTHER'S MAIDEN N.	AME	
	-		A STATE OF THE STA	Dorcas Buc	Khouse	
15. WAS DECEASE Yes, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADE	DRESS Stateswell
Z DISEASES O RISE TO T UNDERLY UNDERLY OTHER S TRIBUTING	complication which complication which complete cause cause (A) ring condition has a complete cause (B) in the condition condition to the ceath, but	F ANY, GIVIN STATING TH ST. TIONS CON	(B) (C)			
THE RESERVE THE PARTY NAMED IN	F OPERATION 15		FINDINGS OF OPER	ATION		20. AUTOPSY7
UNDERLYING	IAL CAUSE WAS	218. PLA	CE OF INJURY (e. g., in		If in Baltimore City, giv	YES NO
I OTING II C	AUSE OF DEATH. Month) (Day) (Year)	, , ,	NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY	Y OCCUR?	
the evi	dence obtained by ath in my opinion	said Auto	psy, Inspection or I	bove, held an inspect Autopsy, inquiry, find that said d to a accident in suicide 23B. CHIEF MEDICAL	Inspection or Inquiry eccased died on the □, homicide □, unc	day stated above,
24A. BURIAL, C	REMA- 248, DATE	Trob	A4C, NAME OF CEMETE	.D. MEDICAL INVESTIGAT	EXAMINER D Oct	. 7, 1953
Paneral DATE RECEIVED	Oct. 7-	1953 C	Jakwood 1	25 PUNERAL DIRECTOR	toville, n	C.
US 151	153 Hunting	flow /	Alieux, A	Donard J. Pluc	K 53	05 Harbary B

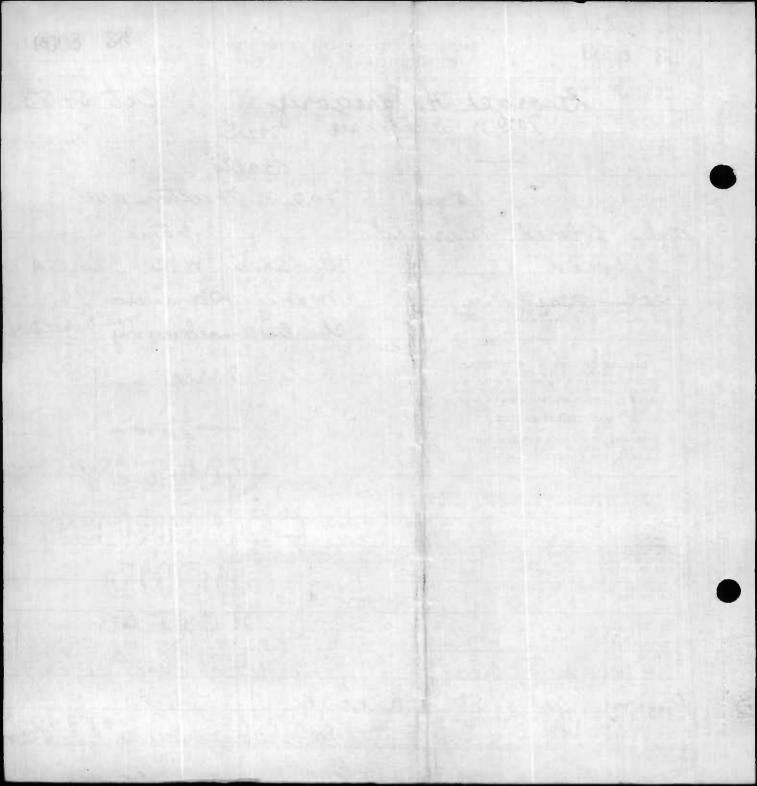


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53	8909
BIRTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT

53 8909

J.	3 00	500		CERTIFICAT	TE OF DEAT	ГН	Registered N	0
BIRTH								
	ME OF D		rael	H. Gre	goru		OF COL	5-53
A. Ba		EATH: City, Maryland	020 n.	Fulton	24 STATE	DENCE (Where o	leceased lived. If i	nstitution : residence hefore admission
HOSP	LL NAME PITAL OR ITUTION	OF (II not in nos	pital or institu	ition, give street address location		N (If outside	e corporate limits	whe did AL and give township
- To	wath of a	tor in Doltinon	, ,	Yrs. Mos	N - 0 1	RESS (If rural,	give location)	10/
5. SE.		6. COLOR OR RAC		Day LE, MARRIED. WED, DIVORCED (Specif			GE (In years If ast birthday) Mon	Under 1 Year If Under 24 Hours ths: Days Hours Min.
ma	ele	Colores	m	assed			+ 8 yes	- +
		CUPATION (Give kin of working life, even if reti		D OF BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or foreign	eountro	12. CITIZEN OF WHAT COUNTRY
13. F/	ATHER'S N	IAME			14. MOTHER'S M	AIDEN NAME		20.0.4
2	John	- Gred	rosu		mary	Da	niels	
(Y 6. 1)	AS DECEASI or unknown)	ED EVER IN U. S. AR (If yes, give war or	ED FORCES	16. SOCIAL SECURITY NO.	Charles	and	rea ory	2 n. Fultonge
18	.022	X.		CAUSE	OF DEATH	70571	0 0	INTERVAL BETWEEN
	DISEAS	E OR CONDITIO				000	9	2
		not mean the mod	e of dying, e.		eurious F	Tuori	1	
		re, asthenia, etc. It i complication whic			/		1	
		ANTECEDENT CA	USES					
Z				(B)	***************************************	*************************	************	
TION	RISE TO T	HE ABOVE CAUSE	A) STATING T					
Y)	UNDERLY	ING CONDITION	LAST.	(C)			***************************************	
RTIFICA		11						
T.		DEATH BUT NO						
B	DISEASE O	R CONDITION CAUS	ING IT.					
J 19	A. DATE O	F OPERATION O	WAS PERF	ORMED WHICH	OPERATION	CAUSE OF DE	WAS RELATED TO EATH, ENTER II	
V 21	A. ACCIDE	ENT WAS UNDER	LYING 21	B. PLACE OF INJURY	(e. g., in or 21c. WHI	PART I OR PA		
		BUTING CAUSE	OF abou	t home, farm, factory, street, off	ice bldg., etc.) INJURY	OCCUR?		
5		Month) (Day) (Ye		21E. INJURY OCCUR	RED 21F. HOV	V DID INJURY	OCCUR?	
	INJURY	•	m.	WHILE AT NOT W	HILE			ć
	- 77	.16 .3				17. 10.	A - 1017	that I last and the
2	2. I hereb	y certify that I live on Oct	attended th	e deceased from, and that death occ	pursed at P	n from the co		that I last saw th
	cceasea a 31. SIGNA		, 19-7		23B. ADDRESS	Tom the cu	noco witto on th	23c. DATE SIGNED
1	100	walan o	alphe	4d M.D.	404 M	, tullor	1 auf	10/6/53
24A. TION.	BURIAL,	CREMA- 24B. DAT	E	24c. NAME OF CEME	TERY OR CREMATOR	Y 24D, LOCAT) Con (City, town,	
DATE	RECEIVE	D BY REGISTR	AR'S SIGNAT	TURE V LUCK	25 FUNERAL D	IRECTOR	/	ADDRESS
OCI	AL REGIST	RAR F9	the F	1/3. 0 De	Jane	Sas	Layes	38 n. 9 Lewy
	VS 150	40	7	LEAVE STORES	Cha		0	



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L)-6		BAL	TIMORE CITY HE	EALTH DEPAR	TMENT	. /	53	8910
5	RTH N891	D		CERTIFICAT	E OF DEAT	ГН	Registere	d No	00.1.0
	NAME OF D		/	T 0 0			2. DATE OF	4 2	10-2
3	PLACE OF	Brown, 7	Tarvey	Edward	I A LISUAL PESIT	DENICE (W	DEATH Ochhere deceased lived		on: residence
Α.	Baltimore	City, Maryland	V		A. STATE	20	B. COUNTY	- b	perore admission
H	FULL NAME OSPITAL OR		itai or institutio	on, give street address or location)	c. CITY OR OW	N (If	outside corporate li	mits, write l	RURAWand give
II.	ISTITUTION	nonterello	State H	ospital.	Beckt	Peress	ille.		township
-				Yrs.	o. STREET ADDE	RES (If I	rural, give location)	6	٨
11-		stay in Baltimore		Mos. Days	Hampste	ead Po	st office.		7
5.	SEX	6.COLOR OR RACE		MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRT		9. AGE (In years last birthday)		or Hunder 24 Hours Hours Min.
10	771	W	ma		Get.17, 190		46		
wor.	k done duries most	CCUPATION (Give kind tof working life, even if retire	108, KIND	OF BUSINESS OR INDUSTRY		(State or fo	reign country)		TIZEN OF HAT COUNTRY
13	A FATHER'S	NAME			14. MOTHER'S M	end		1	es 4.
1	O. a. a.	R. Brown			MILAGE /	OO 1 .	ME		
15	. WAS DECEAS	SED EVER IN U. S. ARM		16. SOCIAL	reparty (udu	dge		
(Ye	s, no or unknown	(If yes, give war or da	tes of service)	SECURITY NO.	17. INFORMANT	Reen	e	ADDRESS	>
	18. 52	6X 1		CAUSE	OF DEATH				ERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	0 0	9	-'D	. ,		A -
	(This doe	LEADING TO DE	of dying, e. g.	(A) Pell	monary of	ebroz	es/		1/70
		complication which							
		ANTECEDENT CAL	ISES	D	nchiecto			1	2 24 .
TION		S OR CONDITIONS,		(5)	nancica	رومع	***************************************		s frs.
ATI	UNDERL	THE ABOVE CAUSE (A) STATING THE AST.	OUE TO				137 12	
FIC				(C)	***************************************	****************	***************************************		
RTIF	OTHER SI	II GNIFICANT CONDITION	c CONTRIBUT	FILE					
	TO THE	DEATH BUT NOT	RELATED TO						
O		OF OPERATION	198. CONDIT	ION FOR WHICH OF	PERATION		TON WAS RELATED		AUTOPSY?
A			WAS PERFOR			PARTIO	R PART II	YES	
DIC	OR CONTRI	BUTING CAUSE	F about he	PLACE OF INJURY (ome, farm, factory, street, office	(e. g., in or 21C. WHE bldg., etc.) INJURY		If in Baltimore Ci	ity, give ex	act location)
N		TIFY MEDICAL EXAMIN							
	OF INJURY	(Month) (Day) (Year		TE. INJURY OCCURRING NOT WHI		LNI GIG A	URY OCCUR?		
			m.	WORK AT WOR	к) T 0		
				leceased from R					
	23A. SIGNA		, 19.5_ .5 , a	nd that death oecu	23B. ADDRESS	i., from th	ie causes and or		Stated above
		Stariol o	Fair	MaD.	monte Rolls	*/02A	Ballerens. 1	to Get	.7,1953
	4A. BURIAL.	CREMA- 24B. DATE	1 2	4C. NAME OF CEMETE	RY OR CREMATORY	Y 240. L	CATION (City, to		ty) (State)
-	Buns	Out 9	53	St Pau	(.	120	eltenone		
	ATE RECEIVE	TRAR REGISTRA	R'S SIGNATUR	RENIII'COM	25 FUNERAL DI	RECTOR	- 0/	ADDRI	ESS
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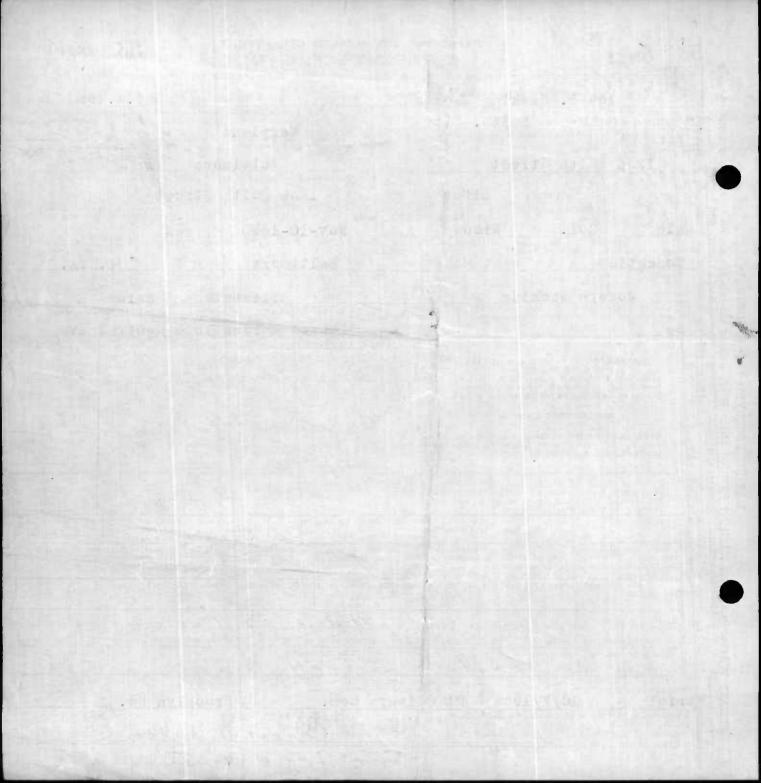
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5	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 89								
	. NAME OF D Type or Print)		kins Thomas				OF EATHOCT.4.	1953	
	Baltimore	EATH:	salto. City		USUAL RESIDE		eceased lived. If in B. COUNTY	stitution: residence before admission)	
l B	FULL NAME		ital or institution, give stree	9 40 1	Maryl		· · · · · · · · · · · · · · · · · · ·		
	NSTITUTION	Edith Str		C.	CITY OR TOWN	timore	e corporate amits.	write HURAL and give township)	
10	J LEGO	Editon per	667		STREET ADDRE		give location)		
		tay in Baltimore	Life	Mos. Days	1236 Ed	ith Str	eet		
	ale	6. COLOR OR RAC	7. SINGLE, MARRIED, WIDOWED, DIVORC	ED (Specify)	DATE OF BIRTH	la	GE (in years fills st birthday) Mont	der I Year If Under 24 Hours hs Days Hours Min.	
	OA. USUAL OC	CUPATION (Give kind of working life, even if retire	of 108. KIND OF BUSINE		BIRTHPLACE (S			2. CITIZEN OF WHAT COUNTRY?	
_	Domesti		At Home		Baltimore		U	S.A.	
	3. FATHER'S			14	. MOTHER'S MAI			. /	
j -	5. WAS DECEAS	Seph Haski	NE ED FORCES? 16. SOCIA	1 177	Eliz	abeth	Haskins	DRESS	
) (A	(es, no or unknown) NO	(If yes, give war or de		RITY NO.	nard Har	den 191			
-	18. 331	Χ.		CAUSE OF		den Tol	T CCHUIA	INTERVAL BETWEEN	
	(This does	LEADING TO DE not mean the mode are, asthenia, etc. It m complication which	ATH of dying, e.g., (A) eans the disease,	Bu	mlopu	nmi		2 day	
	ANTECEDENT CAUSES								
Z	DISEASE	S OR CONDITIONS,	IF ANY, GIVING	une	roc veno		*****	4 cays	
TAU	UNDERLY	THE ABOVE CAUSE () YING CONDITION	A) STATING THE DUE TO LAST. (C)	/dej	factional	vi			
ERTIFICATION	DISTAGE	II SNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSI	RELATED TO THE	0					
IAC	19A. DATE C	F OPERATION	19B. CONDITION FOR Y	WHICH OPER	C		WAS RELATED TO ATH. ENTER IN RT II	20. AUTOPSY?	
MEDICAL	DEATH (NO	ENT WAS UNDERL BUTING CAUSE OF IFY MEDICAL EXAMI	OF about home, farm, factor		in or 21c. WHER	E DID (If in		ive exact location)	
2	OF INJURY	(Month) (Day) (Yea	r) (Hour) 21E. INJURY WHILE AT WORK	NOT WHILE	21F. HOW	DID INJURY	OCCUR?		
	22. I hereb	y certify that I a	ttended the deceased f	rom Bhr	e 16, 196	3 to 101		that I last saw the	
20	deceased a	live on	, 19.53, and that de	eath occurred	l at 2 / 0 4 m.,	from the car	uses and on the		
	23A. SIGNA	if it da	for X Mh	M. D. F.	ADDRESS	3 most		10 6/03	
1	ION, REMOVAL	Specify)			OR CREMATORY		ION (City, town, o	r county) (State)	
	ITIEL		953 Mt Cal	very Cen	FANERAL DIR	1 1000	lyn Md.	ADDRESS	
i	OCAL REGIST	PAR .	tington Willia	MAL, 1	Elive	o u	Selsen		
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VS 150

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Registered No.	OOTC
2. DATE OF DEATH	4 1953
ere deceased lived. If inst	itution : residence
B. COUNTY	before admission)
itside corporate limits, w	riteRURAL and give
ral, give location)	
man die	28
9. AGE (In years I lade Months	1 Year It Under 24 Hours
G H Month	Days Hours Min.
ign country) 12	CITIZEN OF
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ADDI	DESC P
SPITAL	1200
	INTERVAL BETWEEN
exclusion	

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ON WAS RELATED TO	20. AUTOPSY?
DEATH. ENTER IN	YES NO
in Baltimore City, giv	e exact location)
	EXELECT
RY OCCUR?	
14 1053,	
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DITAT 2	3c. DATE SIGNED
	DC+ 5 19s
CATION (City, town, or	county) (State)

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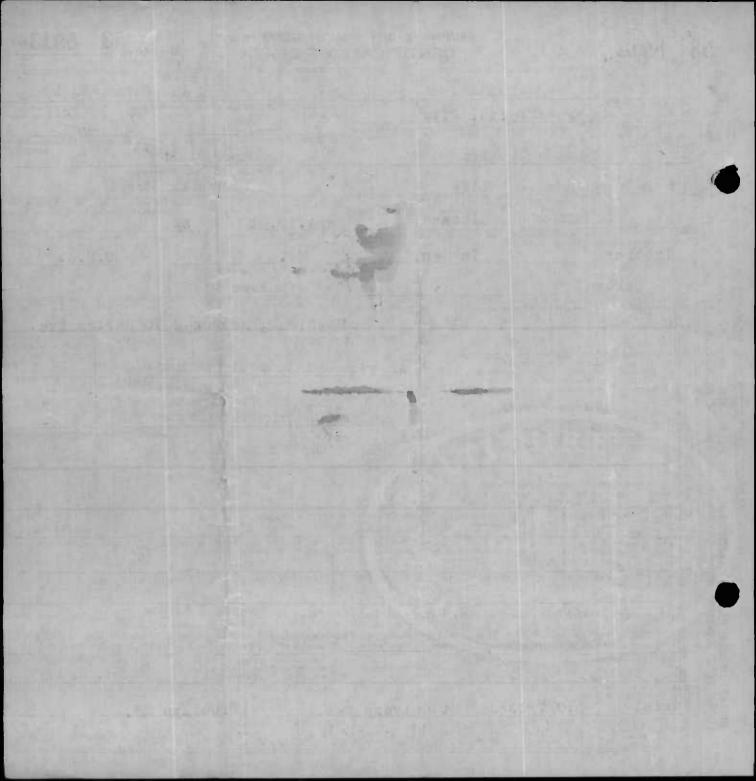
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BALTIMORE CITY HEALTH DEPARTMENT

__ 53	BI	7-25 8913 RTH NO.	0				ALTH DEPARTMENT OF DEATH		53 tered No.	8913
I. The	(1	NAME OF DECE 'ype or Print)	WI	LLIAM	н.	JACK	SON	2. DATE OF DEATH	October	2, 1953
y supplied.	В. Н	PLACE OF DEAT Baltimore City FULL NAME OF OSPITAL OR ISTITUTION	, Maryland Ba	al or instituti	institution, give street address or iocation)			B. COU	NTY	tution: residence before admission it. RURAL and giv township
d be cally and legibly.		Length of stay	in Baltimore	Life		Yrs. Mos. Days		If rural, give local efferson S	treet	
	1	Male	Colored	Wido	ED, DIVORCED (8. DATE OF BIRTH Sept. 19.01 11. BIRTHPLACE (State of	52	lay) Months	Days Hours Min
NDING information shouls of death clearly	worl	Laborer FATHER S NAM	king life, even if retired)			STRY	Md . 14. MOTHER'S MAIDEN			CITIZEN OF WHAT COUNTRY S.A.
VG rmatic death		Unkow . WAS DECEASED E	n	FORCES? I	16. SOCIAL		Unkown	NAME		
BINDING of informuses of dea	(Ye	(No or unknown) (If yes, give war or date	s of service)	SECURITY		17. INFORMANT	son 2010		
ESERVED FOR INK. Every item ease write the ca	ICATION	(This does no heart failure, a injury or con AN DISEASES OF RISE TO THE	OR CONDITION ADING TO DEA' to mean the mode of sthenia, etc. If mea upication which of FECEDENT CAUSE R CONDITIONS, 11 ABOVE CAUSE (A) G CONDITION LA	TH of dying, e. g ons the disease caused death. SES FANY, GIVIN- STATING TH	(a) Arte	erios	clerotic cardio ed arterioscler	•••••••••••	disease	ONSET AND DEAT
MARGIN R UNFADING 1 Physicians: pl	ERTIFIC	TRIBUTING TO	IFICANT CONDI THE DEATH, BUT SE OR CONDITION	NOT RELATED	D					
Hel	AL C	19A, DATE OF C			FINDINGS OF			(If in Bultimore	City cive	20. AUTOPSY?
6 1	EDIC	UTING CAU	OR CONTRIB-	about home, fa	rm, factory, street, offic	e bldg., etc	injury occur?	(II III DAILINIOTE	city, give	exact location)
	Σ	OF INJURY	th) (Day) (Year)	W		WHILE WORK				
WRITE PL.		the eviden	in my opinion	said Autor	nsy, Inspection	or In	Autopez quiry, find that said , accident , suicid	le 🗌, homicide	on the de	termined [].
E WRJ	2	23A. SIGNATUR	in UN	ours	A NAME OF CE		23B. CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGA Y OR CREMATORY 24D.	L EXAMINER	图 Oct.	2, 1953 punty) (State)
PLEASE W correct age	B	on REMOVAL (Speci- urial ATE RECEIVED B	10/7/19	953 N	It Calver	ry C	_	rooklyn	Md.	
上口		CAL REGISTRAN		Ton!	History.	ASSE	Bery o; Will	201/100	Burn	they wy



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BINDING

FOR

MARGIN RESERVED

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

. 19 53 that I last saw the 23c. DATE SIGNED DIRECTOR ADDRESS

See directive in Document file from Record Librarian, BOH.

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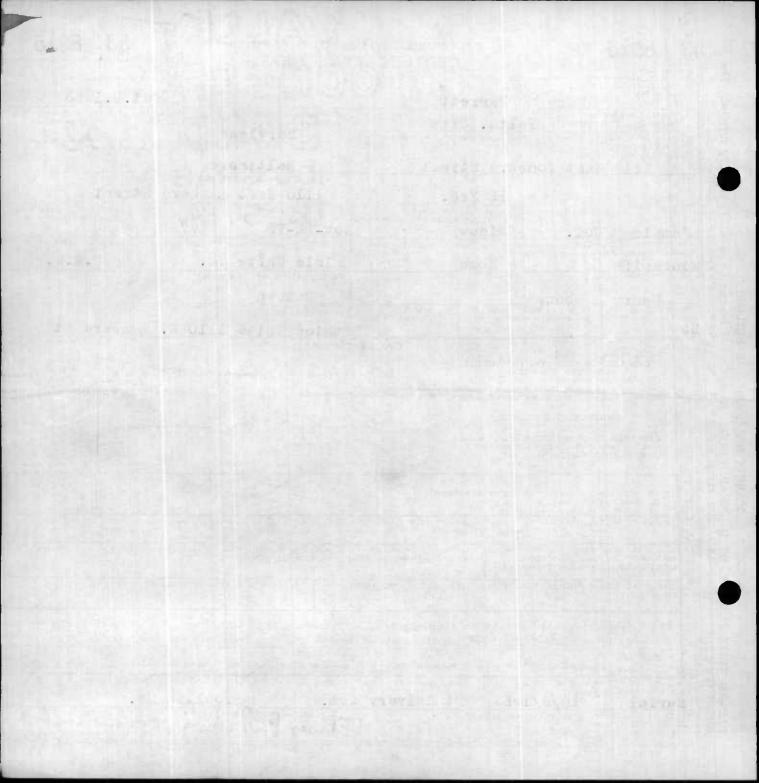
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53	8915
BIRTH	NO

BALTIMORE CITY HEALTH DEPARTMENT

8915

BIRTH NO.	110
1. NAME OF DECEASED 2. DATE	
(Type or Print) Mary Barrett OF DEATHO	et.4.1953
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased	lived, If institution: residence
A. Baltimore City, MarylandBalto. City B. FULL NAME OF (If not in hospital or institution, give street address or Maryland	NTY before admission)
HOSPITAL OR location C CITY OR TOWN (If outside corpor	and limits write INDIAL and give
INSTITUTION	township)
1110 East Lombard Street Baltimore Yrs. D. STREET ADDRESS (If rural, give local)	ation)
Mos.	
Days	
WIDOWED, DIVORCED (Specify) last birth	years if Under I Year if Under 24 Hours day) Months Days Hours Min.
Female Col. Widow Nov-22-75 77	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	
Housewife Home Isle White Va.	U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Henry Boone Unkown	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS
Eunice White 1110 E.	Lombard St
18. 331 X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1-1-
(This does not mean the mode of dying, e.g.,	Se lasy.
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	200
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 15 OPERATION WAS RE	LATED TO 1 20. AUTOPSY?
WAS PERFORMED CAUSE OF DEATH, E PART I OF PART II 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) WAS PERFORMED CAUSE OF DEATH, E PART I OF PART II OR CONTRIBUTING CAUSE OF DEATH, E PART I OF PART II CONTRIBUTING CAUSE OF DEATH, E PART I OF PART II OR CONTRIBUTING CAUSE OF DEATH, E PART I OF PART II OR CONTRIBUTING CAUSE OF DEATH, E PART I OF PART II OR CONTRIBUTING CAUSE OF DEATH, E PART I OF PART II OR CONTRIBUTING CAUSE OF DEATH, E PART I OF PART II OR CONTRIBUTING CAUSE OF DEATH, E PART I OF PART II OR CONTRIBUTING CAUSE OF DEATH, E PART I OF PART II OR CONTRIBUTING CAUSE OF DEATH, E PART I OF PART II OR CONTRIBUTING CAUSE OF DEATH, E PART I OF PART II OR CONTRIBUTING CAUSE OF DEATH, E PART I OF PART II OR CONTRIBUTING CAUSE OF DEATH, E PART I OF PART II OR CONTRIBUTING CAUSE OF DEATH, E PART I OF PART II OR CONTRIBUTING CAUSE OF DEATH, E PART II OR CONTRIBUTION CAUSE OF DEATH II OR CONT	
OR CONTRIBUTING CAUSE OF chout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
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215. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED 216. HOW DID INJURY OCCUR	₹?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from Ocx, 1957, to Ox-4	1053 that I last easy th
deceased alive on 2 1953, and that death occurred at 4 2 m., from the eauses and	
	23c. DATE SIGNED
234 STONATURE 238. ADDRESS	Due 105'3
M. D.	
TION, REMOVAL (Specify)	
Burial 10/9/1953 Mt Calvery Cem. Brooklyn 1	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	vy Brantley
OCT 7-1052 # # # 1/115 1 16 16 16 16 16 16 16 16 16 16 16 16 1	4/10



RESERVED

NOT A MEDICAL EXAMINER'S CASE

HIEF OR ASST. MEDICAL EXAMINER

THE REPORT OF THE RESERVE OF THE RES

THE RESIDENCE OF SECURITION OF THE PARTY.

NAME OF DECEASED pe or Print)

RTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

OLLIE CORKRAN

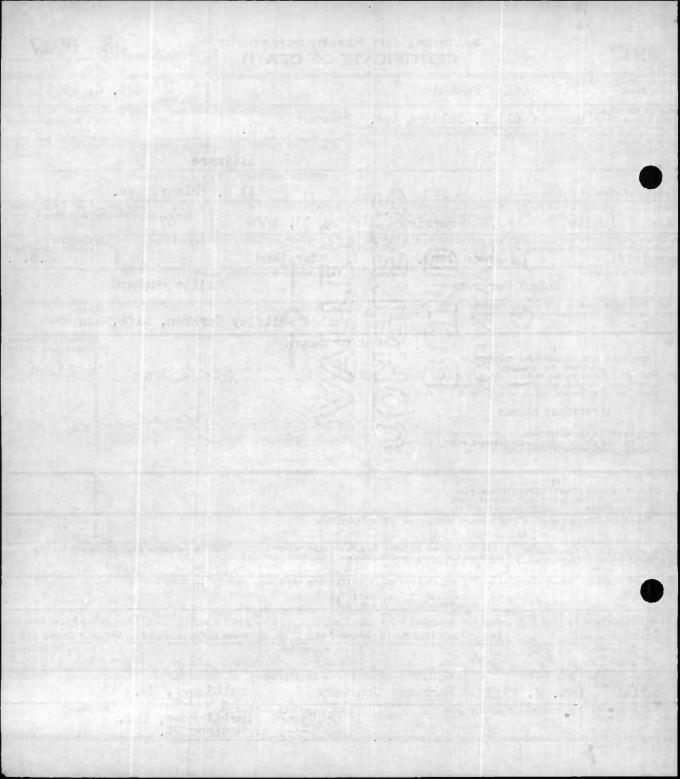
Registered No. 89i.7

Oct. 4, 1953

2. DATE OF

DEATH

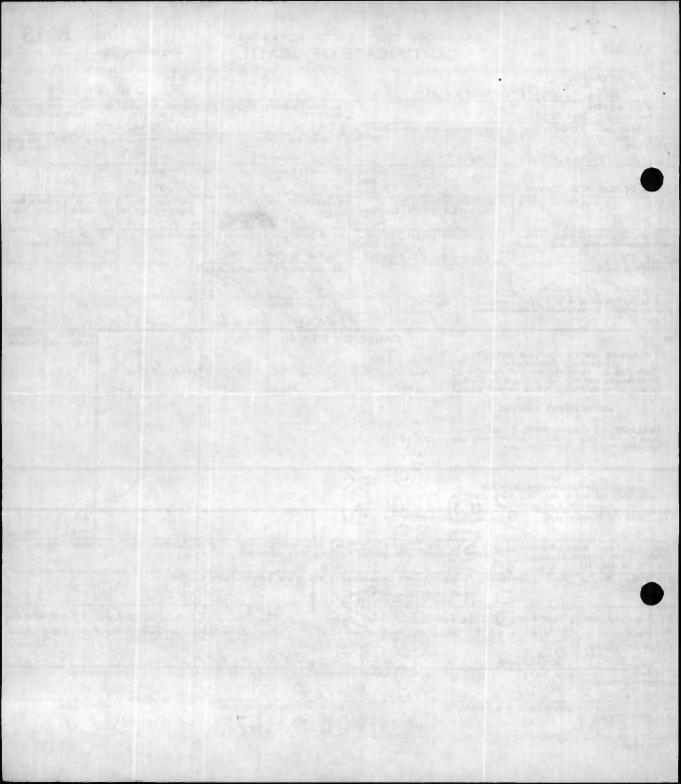
					DEATH	
PLACE OF D Baltimore (City, Maryland 6			A. STATE	E (Where deceased lived, If B. COUNTY	institution : residence before admission)
FULL NAME SPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	Md.	(If outside corporate limit	07/
STITUTION					cimore	township)
			Yrs.		(If rural, give location)	•
Length of s	tay in Baltimore	34	yrs Mos.	611	N. Belnord Ave.	
SEX	6. COLOR OR RACE	7. SINGLE		8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year If Under 24 Hours
nale	white	WIDOW	E, MARRIED. VED, DIVORCED (Specify) MARYIED	May 18, 1886	last highday) Mo	nths Days Hours Min.
A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
achinist	t	Armco		Maryland		WHAT COUNTRY?
FATHER'S		0	Start 1kg)	14. MOTHER'S MAIDE		
		Corkran			Mollie Hubbard	1-2-2
, mo or unknown)	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
no				Hilda Whiteley	Corkran, wife,	above
18. 420	1 1	Torres.	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION		,)	, 7		1
(This does	not mean the mode ore, asthenia, etc. It mean	f dying, e.g	(A) Uro	nary (C	clusion	Sudden
injury or	complication which c	aused death	.) DUE TO			
	ANTECEDENT CAUS	ES	0	61. 1	. Sherral -	
DISFASES	S OR CONDITIONS, IF	ANY GIVIN	(B) large	s-vaseuer	1/19 pececia	wy 10 920
RISE TO T	HE ABOVE CAUSE (A)	STATING TH		ut Dise		
ONDERE	THE CONDITION EX		(C)			*******
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	IGNIFICANT CONDITE TO THE DEATH, BUT					
TO THE D	ISEASE OR CONDITION	CAUSING I	Τ			
19A. DATE C	F OPERATION 1	B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
214 ACCID	ENT WAS UNDER-	218 PLA	CE OF INJURY (e.g., in	or 21c, WHERE DID	(If in Baltimore City,	YES NO
	R CONTRIBUTING		arm, factory, street, office bldg., e		(II III Dallimore Olly, p	ave exact location)
21 ME URY	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID IN.	JURY OCCUR?	
OF ORT		m.	WHILE AT NOT WHILE			
22. I hereb	y certify that I att	ended the		1924, to	Oct. 4 195	3that I last saw the
			and that death occur	120 -	om the causes and on th	
23A. SIGNA		1/1	, 2	3B. ADDRESS	11 0	23c. DATE SIGNED
Vr		sk	141 21	623 E. Mon		1001.6.1953
A. BURIAL ON REMOVAL (S Burial	pecify)		24c. NAME OF CEMETER		D. LOCATION (City, town,	or county) / (State)
		953	Parkwood Ceme		altimore, Md.	
TE RECEIVE		SIGNATU	RE C	25. FUNERAL DIRECT	eral Home, Inc.	ADDRESS
CT 7-4	15 4 4:	in the A	13/11/2011	2601-3-5 E. M	adison St.	
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BALTIMORE CITY HEALTH DEPARTMENT

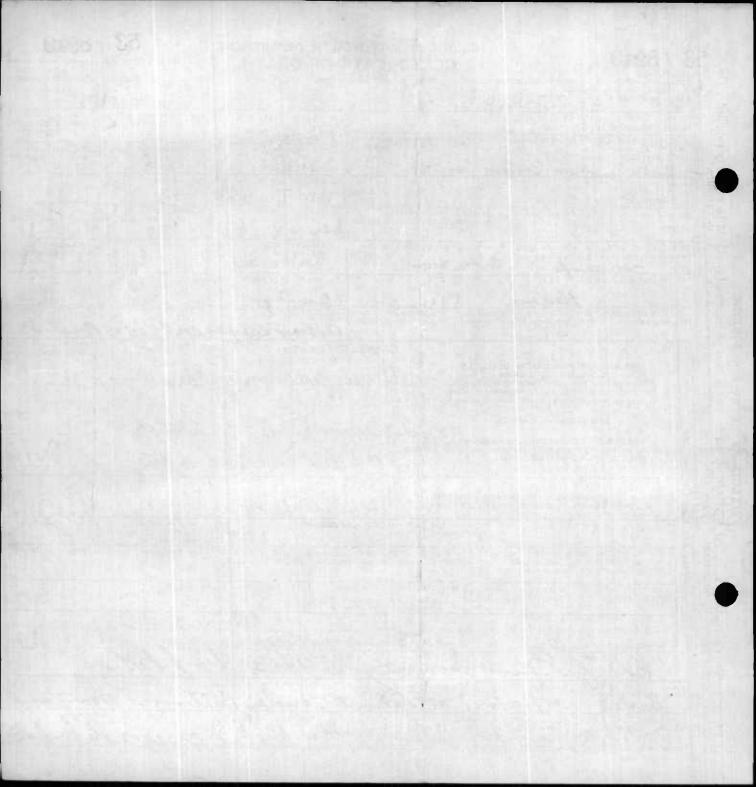
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Registered No CERTIFICATE OF DEATH ON HTS NAME OF DECEASED 2. DATE pe or Print) OF Dessib HuxLoy 10-6-53 DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence Baltimore City, Maryland B. COUNTY before admission) Md. DALTIMOYE (If not in hospital or institution, give street address or TULL NAME OF location) (If outside corporate limits, write RURAL and give SPITAL OR C. CITY OR TOWN MOITUTION township) 10WSUM hurch D. STREET ADDRESS (If rural, give location) Yrs. Mos. 225 BURKE HUEWULT n of stay in Baltimore Days If Under 1 Year SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years) last birthday) Months; Days Hours; Min. 11. BIRTHPLACE (State or foreign country) A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY CNSIANd DUSEWIFE Yorn 8 FATHER'S NAME 14. MOTHER'S MAIDEN NAME dwin WenthErby WAS DECEASED EVER IN U. S. ARMED FORCES?
no or unknown) (If you, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. VU NONE 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH WHYDERTEYSIVE CARGIOVASCULAR dis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF 20. AUTOPSY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D_TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from 9-2. 19 that I last saw the 19 53 and that death occurred at 12:45 Pm., from the causes and on the date stated above. deceased alive on 15-6 23c. DATE SIGNED 23A SIGNATURE 24C. NAME OF CEMETERY BUNHAL, CREMA-248. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify) ra/Lon REGISTRAR'S SIGNATURE TE RECEIVED BY 25. FUNERAL DIRECTOR CAL REGISTRAR PLANTED LAND



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) 101 DEATH Mnig 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF location' HOSPITAL OR C. CITY OR TOWN (If outside corpora le limits. RAL and give INSTITUTION township) (If rural, give location) Yrs. D. STREET ADDRESS Mos. Bush . Length of stay in Baltimore Days If Under 1 Year 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) 11. BYRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR WHAT COUNTRY? work done during most of working life, even if retired) Howasingo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN CAUSE OF ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE back ouderendite UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY 19A. DATE OF OPERATION IF OPERATION WAS RELATED TO WAS PERFORMED CAUSE OF DEATH, ENTER IN EDICAL PART I OR PART II 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK AT WORK 1955 to. 1995 that I last saw the 22. I hereby certify that I attended the deceased from. 19 3, and that death occurred at 11:30 2m., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 23B. ADDRESS 234. SIGNATURE PLEASE correct age 24A. BURIAL, CREMA-24B. DATE TION, DOMOVAL (Specify) Burial DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1 water low VS 150

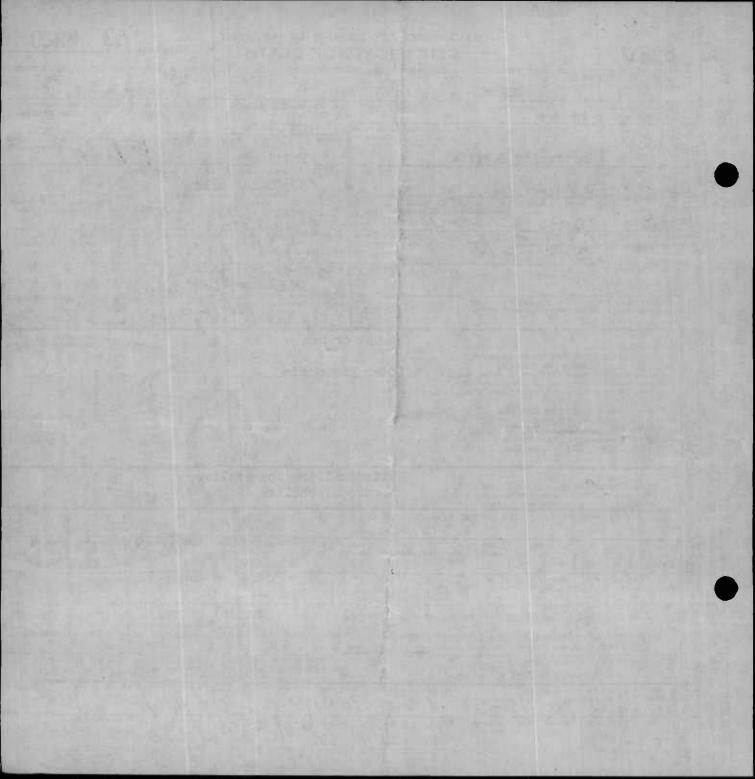


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Dividing and a district of the parties of the parti	TH UNFADING INK. Every item of information should be cauly supplied. The Crit. Physicians: please write the causes of death clearly and legibry.	AL CERTIFICATION
	ET.	AL

WARGIN PESERVED

NAME OF DECEASED 2. DATE pe or Print) DOLORES SOUTERFL October 7, 1953 DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence Baltimore City, Maryland A STATE B. COUNTY before admission) Maryland FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR C. CITY OR TOWN (If outside corporate limit) write RURAL and give STITUTION University Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 535 Camel Alley Length of stav in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) M Under 1 Year DOWED, DIVORGED (Specify) last wirthday) Months Days Hours Min. namula Colored emale A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY 2 FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO. INTERVAL BETW CAUSE OF DEATH ONSET AND DE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Lobar pneumonia heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Fatty infiltration of liver 11 OTHER SIGNIFICANT CONDITIONS CON-Chronic alcoholism TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING [] OR CONTRIB. UTING [] CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an partial autopsy thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes M, accident [], suicide [], homicide [], undetermined []. 23c. DATE SIGNED 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ... PLEASE WI ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24C NAME OF CEMETERY OF CREMATORY BURIAL CREMA-248 DATE REMOVAL (Specify DATE RECEIVED BY SIGNATURE REGISTRAR'S LOCAL REGISTRAR 151

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



-	o - La 6 L CERTIFICATE AMEND	DED 10/8/53 ES
	The BALTIMORE CITY HE	EALTH DEPARTMENT 52 8094.
ne	3 892 Released BALTIMORE CITY HE	E OF DEATH Registered No. Och L
d. Th	1. NAME OF DECEASED (Type or Print) Daniel Clancy	2. DATE OF 1-6-1953
supplied	3. PLACE OF DEATH: A. Baltimore City, Maryland Brady 2	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
ins	B. FULL NAME OF (If not in hospital or institution, give street address or	C. CHY OR TOWN (If outside corporate limits, write RULE) L and give
	HOSPITAL OR location) INSTITUTION TOPINS HOPPINS HOSPITAL Yrs.	Callemores township)
ca egibly	Yrs. Mos. Days	D. STREET ADDRESS (Friral, give location)
d be	5. SEX 6. COLOR OR RACE 7. SANGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year last birthday) Months; Days Hours i Min.
	male while	3-26-38 15 6 10
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
information s of death cl	13. FATHER'S NAME Clancy	Hazel Morrison
f info	(Yes (no or unknown) (If yes, give war or dates of arrice) 16. SOCIAL SECURITY NO.	JOHNS HOPKINS HOSPITAL
item of	18.7.79.0 and £954.7 CAUSE	OF DEATH (Under Hyes these Interval Between
the state of	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	oxia for cystoscopy) 5 min
Every write th	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	, , , , , ,
. 0	ANTECEDENT CAUSES Z	umary of Encobranchial &
ㅁㅁ	UNDERLYING CONDITION LAST.	ocystic Disease of 10-12yrs
DIN	Other Condition: Rendertal	erease VLung's. (probably congental
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CITY HOS. DISEASE OR CONDITION CAUSING IT.	is of Liver, Nearhoolithies,3
н	194. DATE OF OPERATION 198. CONDITION FOR WHICH OF WAS PERFORMED WAS PERFORMED TONCE	
6	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INCURY (about home, farm, factory, street, office	e. g., In or bldg., etc.) NJURY OCCUR?
imp	210 TIME (Month) (Day) (Year) (Hour) 21d INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR? Postellal
LAI	10/6/53 m. WHILE AT NOT WHILE AT AT WORK	a maria commence
TE PLAI especially	22. I hereby certify that I attended the deceased from	19 3, to Wel- 6, 19 , that I last saw the
S es		rred at Zi30 m., from the causes and on the date stated above.
age i	Welliam / Walliam	HOHNS HOPKINS HOSPITAL 10/6/53
PLEASE WRITE PLA correct age is especiall	24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24B. DATE 100, REMOVAL (Specify) 24B. DATE 101, REMOVAL (Specify) 24B. DATE 102, REMOVAL (Specify) 24B. DATE 103, REMOVAL (Specify) 24B. DATE 104, REMOVAL (Specify) 24B. DATE 105, REMOVAL (Specify) 24B. DATE 106, REMOVAL (Specify) 24B. DATE 107, REMOVAL (Specify) 24B. DATE 108, REMOVAL (Specify) 24B. DATE 108, REMOVAL (Specify) 24B. DATE 109, REMOVAL (Specify) 24B. DATE 10	al Columbia Bulling Md (State)
LEA	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
P	LOCAL REGISTRAR	& David W. Conklin 9248. Eages St.
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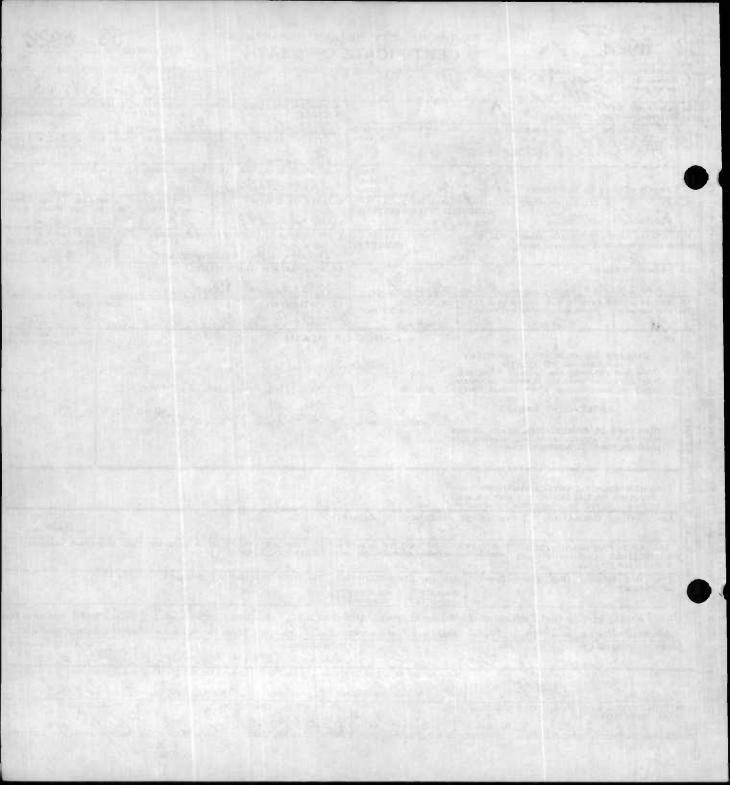
MARGIN RESERVED FOR BINDING

CHIEF OR ASST. MEDICAL GRAMMER.

Dr. Silverman, Dir., Bu. TBC - BCHD discussed the case with Dr. Brennan via phone.

. e. . K

(2-1-2-3			
5.	80:33	EALTH DEPARTMENT	Registered No.	8922
BI	RTH NO.	E OF DEATH	Registered No.	
	NAME OF DECEASED DRYDEN WORTHINGTON Proc T OR PROC T OR		OF DEATH OCH	,1953
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Who	ere deceased lived. If insti	tution : residence before admission
	FULL NAME OF (If not in hospital or institution, give street address or		Baltimore Cit	te HURAC and giv
IN	STITUTION Church Home & Hospital	Baltimore	13-0	township
G.	Length of stay in Baltimore 18 4 Mos. Days	2125 Reft 18	truef	
5.	Female White Married (Specify Married)		9. AGE (In years last birthday) Months	
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) 108. KIND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or fore	eign country) 12.	CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	GE I C	L. B. W.
	Charles Hammond Worthington	Margaret Ken	ch	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS AL I
_	No Rome Hone	Frontie R. Proctor,	11. 2/35 Boli	INTERVAL BETWEE
	18. 58/,0 CAUSE DISEASE OR CONDITION DIRECTLY	OF DEATH		ONSET AND DEAT
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	corrhage from	<u> </u>	6 days
	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO	aricose weins in	Stomach	
	ANTECEDENT CAUSES	· Rais D	Peiner	501000
NO O	DISEASES OR CONDITIONS, IF ANY, GIVING	rrious of		- jarst
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
FIC	(6)			
RTI	OTHER SIGNIFICANT CONDITIONS CON-			
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		YES NO
EDIC/	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.		in Baltimore City, give	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!	RED 21F. HOW DID INJURY	OCCUR?	
1	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK			
	22. I hereby certify that I attended the deceased from	Cf 1 , 1953 to Cl		hat I last saw ti
	deceased alive on Ucr 6, 1953, and that death occi	erred at 1 2 m., from the	e causes and on the o	ate stated abov
	glernon & norwood M.D.	Church fome T	Hospilal &	DATE SIGNED 6 (953 county) (State
TI	DA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET ON, REMOVAL (Specify) Oct 15/53 St. Pauls Chap	bel Cemetery Crown	nsville, a. a. a.	E., md
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	, 108 W. Hort	the ave.
	VS 150		City #1.	
4.0			Later 10	



IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF OEATH, ENTER IN 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 5-, 1953 that I last saw the Am., from the causes and on the date stated above. 24D. LOCATION (City town, or county, LOCAL REGISTRAR 6 Juiners VS 150

1953

12. CITIZEN OF

ADDRESS

WHAT COUNTRY

INTERVAL BETWEEN

DNSET AND DEATH

before admission)

township)

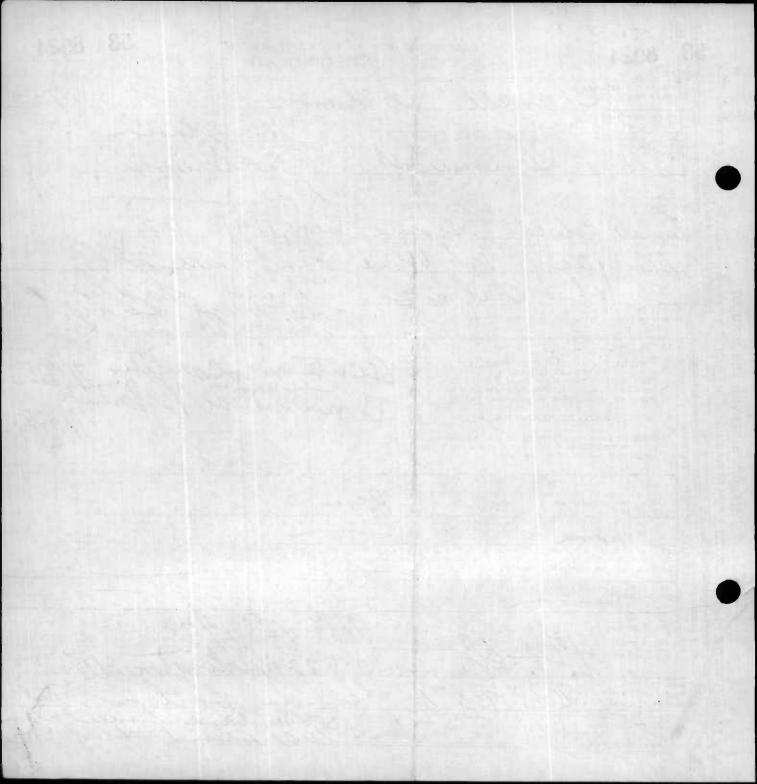
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BALTIMORE CITY HEALTH DEPARTMENT

53 8924
Registered No.

BIRTH NO.	
1. NAME OF DECEASED	2. DATE / - 2 -
(Type or Print) Scanche, Tel	more 101. 3, 1953
3. PLACE OF DEATH:	I 4. USUAL RESIDENCE (Where deceased lived_If institution, residence
A. Baltimore City, Maryland	A. STATE Maus (and before unission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR logation)	C. CITY OR TOWN Woutside corporate Ind. write 1850 1844 and give
INSTITUTION	township)
1321 Vemmon St.	Jacob Mary Control
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	1321 Ilmmm #1.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED Specify	B. DATE OF BIRTH 9, AGE (In years II Under 1 Year II Under 24 Hours last birthday) Months: Days Hours Min.
Temale Colored Kingle	wly 1, 1891 62
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BURINESS OR	11. BARTHELACE (State or foreign country) 12. CITIZEN OF
work doneduring most of working life, even if retired)	Battering her WHAT COUNTRY?
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	be still to the
John Vilmore	mary sayary
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or naknown) (If yes, give wer or dates of service) SECURITY NO.	17 WERMANY Jasy Carley
	1321 Stehnmon VI.
18. FARY CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	we my caracter 9/19:53
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	4/10/1/
injury or complication which caused death.) DUE TO	Dralland/Vostirulanto
ANTECEDENT CAUSES	Medining In Inthitis
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is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

53 28925 Reg. Dist. No. 75925

CI	RIFICAL	E OF DEAT	Reg. I	Dist. No. 70
1. PLACE OF DEATH - N ROUTE TO COUNTY BALTIMORE ON TRA	'a) MARYAND	2. USUAL RESIDENCE (I STATE D.		COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN TOWN				L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST JOSEPH.'S	Hosp.	STREET ADDRESS / 3 4	6 Park R	d_ n.W
(1) be of 11 may	(Middle)	(Last) SHEA	4. DATE (Mo OF DEATH	ot 3 19v3
m WI WI	NGLE, MARRIED; DOWED, DIVORCED, Specify)	8. DATE OF BIRTH 7-12, 1866	9. AGE last birthday yrs.	If under 1 year If under 24 hrs. Months Days Hours Min.
done during most of working life, even if retired) IND	KIND OF BUSINESS OR USTRY DOVERNMENT.	11. BIRTHPLACE (State of A S S	S	COUNTRY? U.SA
13. FATHER'S NAME JOHN SHEA		14. MOTHER'S MAIDEN BRIDGE		У
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT MISS CAT	HERINE S	HEA
I. DISEASES OR CONDITIONS DIRECTLY LEAD Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	is medical cer ing to death Coronary o ormany artin	celogion inclustic Rant a	Listase.	INTERVAL BETWEEN ONSET AND DEATH
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDI	NGS OF OPERATION			20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (H. OF office HOMICIDE INJURY	ome, farm, factory, street, o bldg., etc.)	(CITY OR	TOWN) (C	OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJU OF INJURY m. Woll		HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the december of the signature of the	t death occurred at (Degree or title) NAME OF CEMETE	ADDRESS OOF RY OR CREMATORY	causes and on the	Loke 4, 1933
DATE REC'D BY LOCAL REGISTRAR'S SIGN	ATURE Webut	24. FUNERAL DIRECTO	OR (ADDRESS V-W.
227 7 225 45 46 17		*		Work. Lo. D.C.

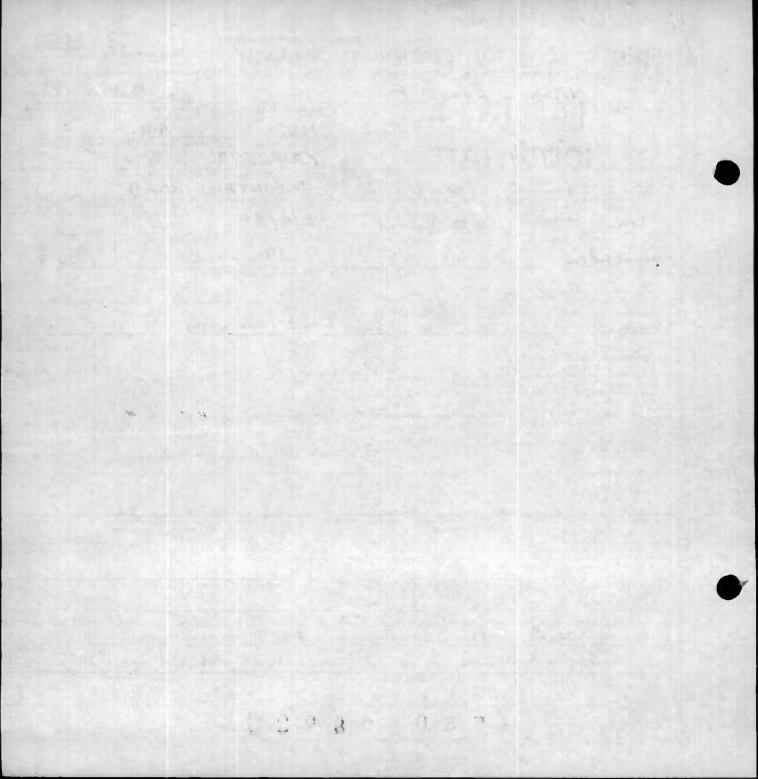
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T A MEDICAL EXAMINER'S CASE

IFF OR APPLY MEDIAN

HEF OR ASS'T. MEDICAL EXAMINER

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5 Pe	3	BALTIMORE CITY HE CERTIFICATI		26			
		NAME OF DECEASED Type or Print) HALL, Everett F. SR.	2. DATE OF OC. 5 19	53			
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; r A. STATE B. COUNTY before	esidence admission			
Illy		OSPITAL OR University Hapital. location)	PAJADENA RURAL	AL and giv township			
ca legibly	c.	Length of stay in Baltimore / week Mos. Days	D. STREET ADDRESS (If rural, give location) MOUNTAIN ROAD	0			
uld be	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDGIVED, DIVORCED (Specify)	S. DATE OF BIRTH 12/4/89 9. AGE (In years Under I year last birthday) Months: Days H	Under 24 Hours Lours Min			
on should clearly an	wor	OA. USUAL OCCUPATION (Give kind of TOB. KIND OF BUSINESS OR INDUSTRY Superial Endeat R. C. Hürr D. Co.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN WHAT	N OF COUNTRY			
G matic eath		JOHN WESSLEY HALL	14. MOTHER'S MAIDEN NAME	~.			
infor s of d	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 16. SOCIAL	17. INFORMANT JR SON MOUNTAIN Rd Pa	unda			
very item of in	18. 2041 CAUSE OF DEATH						
ery item	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,						
WEI		injury or complication which caused death.) DUE TO	1: 6:1 -				
rese INK.	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	erdies Failure	rech			
DING ians:	CA	(C)	roni Myelorih henkamini 17	e year			
UNFADING Physicians: p	CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
Hel	AL	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OP WAS PERFORMED	PERATION IF OPERATION WAS RELATED TO 20. AUT CAUSE OF DEATH, ENTER IN PART I OR PART II YES	NO			
Y, WITH	MEDIC,	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (controlled to the control of	e. g., in or 21C, WHERE DID (If in Baltimore City, give exact lo	eatlon)			
A IIy im	2	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY	E	THE TAX			
TE PLA		22. I hereby certify that I attended the deceased from deceased alive on 1953, and that death occur	**	st saw th			
WRIT is es			38. ADDRESS University Hazelet Belline 23c. Date 045				
PLEASE WRITE correct age is esp	2.4 TIC	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	ry or CREMATORY 240, OCATION (City, town, or county)	(State)			
PLE/		ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25 EUNERAL DIRECTOR ADDRESS	i mi			
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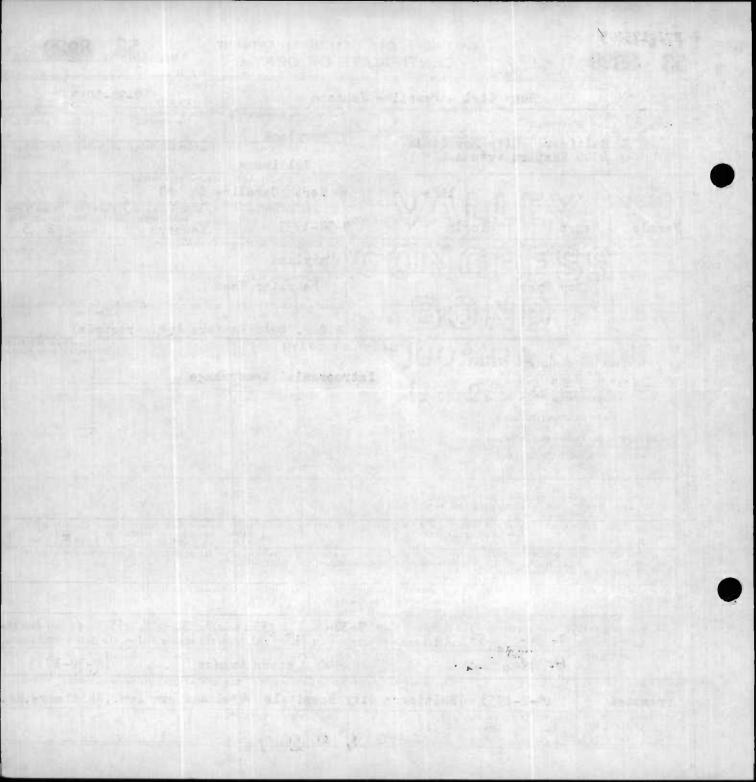
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1. NAME OF (Type or Print)	F	aby Girl	Washington		DE	ATH 16-2	2-1953	
B. FULL NAME	City, Maryland	al or institution	, give street address or		ryland	. COUNTY	betore	admission)
HOSPITAL OR INSTITUTION	Baltimore				ltimore	1:	its write RARA	township
c. Length of	stay in Baltimore	life	Yrs. Mos. Days	D. STREET ADDR	H7 Spelma		25	
5. SEX	6. COLOR OR RACE	7. SINGLE, WIDOWE	MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH		E (In years t birthday) M	If Under 1 Year III	Under 24 Hours ours Min.
10A. USUAL O	CCUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign co	ountry)	12. CITIZEN WHAT C	OF
13. FATHER'S	William W	ashingto	n	14. MOTHER'S MA	lee Bruce			
15. WAS DECEA	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
(1 es, no or untinowi	(If yes, give war or date	0. 301 1100)	SECURITY NO.	B. C. H. 49	40 Easter		(records)	
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	PLEASE WRITE PLAIN, WITH UNFADING INK. Every item of information should be ca	correct age is especially important. Physicians: please write the causes of death clearly and legibry.

F	17520			LTIMORE CITY I	HEALTH DEPAI	RTMENT	Registere	3 80	229
5	3 NO. 89	2953-23	3963	CERTIFICA	TE OF DEA	TH	Registere	d No.	JKJ U
1. (T	NAME OF D		by Girl	- Pearline J	ohns on		OF DEATH	30-1953	3
A.		City, Maryland			A. STATE		ere deceased lived. B. COUNTY		on : residence efore admission)
B. HC IN	FULL NAME OSPITAL OR STITUTION	Baltimore 4940 Easter	City Hos	ion, give street address pl tals locatio	or Maryland c. CITY OR TOV Baltin	WN (If ou	ntside conforate li	mus, write	RURAL and give township)
c.	Length of s	tay in Baltimore		life Yrs	4 Worth Ca		ral, give location)		
5.	sex 'emale	6. COLOR OR RAC	EL 2 SINGL	E. MARRIED. VED, DIVORCED (Speci	I O DATE OF BIE		9. AGE (In years last birthday) ewborn	If Vader 1 Year Months Day	ys Hours Min.
		CUPATION (Give kind of working life, even if retire		O OF BUSINESS OR INDUSTR	11. BIRTHPLAC	E (State or fore	ign country)		IZEN OF
13	. FATHER'S	Roy Dyer			14. MOTHER'S Pearlin	MAIDEN NAM	1E		No.
15 (Yes	. WAS DECEAS s, no or unknown)	ED EVER IN U.S. ARI	MED FORCES? lates of service)	16. SOCIAL SECURITY NO	17. INFORMAN' B.C.H. 494		n Ave. (r	ADDRESS	
RTIFICATION	injury or DISEASE RISE TO T	are, asthenia, etc. It no complication which ANTECEDENT CAS OR CONDITIONS THE ABOVE CAUSE (YING CONDITION)	caused death USES IF ANY, GIVII A) STATING T	h.) DUE TO (B)					
CERT	TO THE	GNIFICANT CONDITION DEATH BUT NOT DR CONDITION CAUS	RELATED T						
EDICAL O	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)				(e. g., in or 21C. Wi	CAUSE OF PART I OR	ON WAS RELATED DEATH, ENTER PART II	R IN YES	
ME		(Month) (Day) (Ye		RED 21F. HC	ULNI DID WO	RY OCCUR?			
	22. I hereby certify that I attended the deceased from 9-30- ,153, to 9-30- ,1953, that I last saw the deceased alive on 9-30- ,1953, and that death occurred at 9:30P.m., from the causes and on the date stated above.								
	23A. SIGNA	1100 010	ruller.	M. D.	238. ADDRESS 4940 Easter			23c.	DATE SIGNED 0-1953
2. TH	4A. BURIAL. ON, REMOVAL (Specify		24c. NAME OF CEME Baltimere Ci					
D	ATE RECEIVE	D BY REGISTRA	R'S SIGNAT	URE.	25. FUNERAL I	DIRECTOR		ADDR	ESS
=	VS 150	To Time	0		0 ()			



8930 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH of Fahmie Alston ne or Print) OF September 21, 1953 (607646)LACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or ULL NAME OF SPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give The Johns Hopkins Hospital townshin) Turners Station Yrs. o. STREET ADDRESS (If rural, give location) Infant Mos. 142 Barberry Court - 22 length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (in years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. Negro emale September 21,1953 11. BIRTHPLACE (State or foreign country) . USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF ooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jerry Alston Fannie Williams WAS DECEASED EVER IN U. S. ARMED FORCES? no or uoknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Hospital Records INTERVAL BETWEEN 62.5 CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from Sept. 21, 1953 to Sept. 21, 1953, that I last saw the deceased alive ox Sept. 222 19 63. and that death occurred at 6.10 Pm., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED . BURIAL, CREMA-24B, DATE 24c. NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

CAL REGISTRAR

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	PLEASE WRITE PLAN, Y, WITH UNFADING INK. Every item of information should be call lily supplied. The	correct age is especially important. Physicians: please write the causes of death clearly and leging.
	Y, WITH	portant.
	PLAI	cially in
	WRITE	e is espe
	PLEASE	correct ag

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A	B-175103	-6			×			
5	3 893 RTH NO	13.23334	BALTIMORE CITY HE CERTIFICATE					
	NAME OF DE	CEASED	Saby Girl Henaker		2. DATE OF 9-2	9-1953		
Α.	PLACE OF DE Baltimore Ci	ity, Maryland	al or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission				
H	STITUTION		ity Hospital a	C. CITY OR TOWN (If outside corporate limits, waita RUIV L and give Baltimore				
-		ay in Baltimore	Yrs. Mos. Days	p. STREET ADDRESS (If rural, give location) 710 S. Bond St. zone 31				
	F	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	9-28-195	last birthday) Mo	Under 1 Year If Under 24 Hours nths Days Hours Min.		
		CUPATION (Give kind of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	Maryland		12. CITIZEN OF WHAT COUNTRY?		
	. FATHER'S NA	Marshall	Honaker	14. MOTHER'S MAIDEN NAME Pansy Cole				
15 (Yes	. WAS DECEASED	D EVER IN U.S. ARMED (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT 4940 Eastern Ave Address Records: Baltimore City Hospitals				
TION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
FICA	UNDERLI	ING CONDITION LAS	ST. (C)	•				
CERTI	COTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
_1	19A. DATE OF		9B. CONDITION FOR WHICH OP /AS PERFORMED	PERATION	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II			
MEDICA	OR CONTRIBI	NT WAS UNDERLY! UTING CAUSE OF FY MEDICAL EXAMINER	about home, farm, factory, street, office	e. g., In or 21C, Wholdg.,etc.)	HERE DID (If in Baltimore City, OCCUR?	give exact location)		
-	21D TIME (MOTE INJURY	Month) (Day) (Year)	m. WHILE AT NOT WHILE	K	NUD INJURY OCCUR?			
	22. I hereby certify that I attended the deceased from 9-28—, 19 53, to 9-29—, 19 53 that I last saw the deceased alive on 9-29—, 19 53, and that death occurred at 3 45 km, from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED							
	24a. BURIAL, CREMA- 24B/DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)							
	on, removal (Sp Cromated ATE RECEIVED	i 9-30-53	S SIGNATURE	. Groamata		ADDRESS		

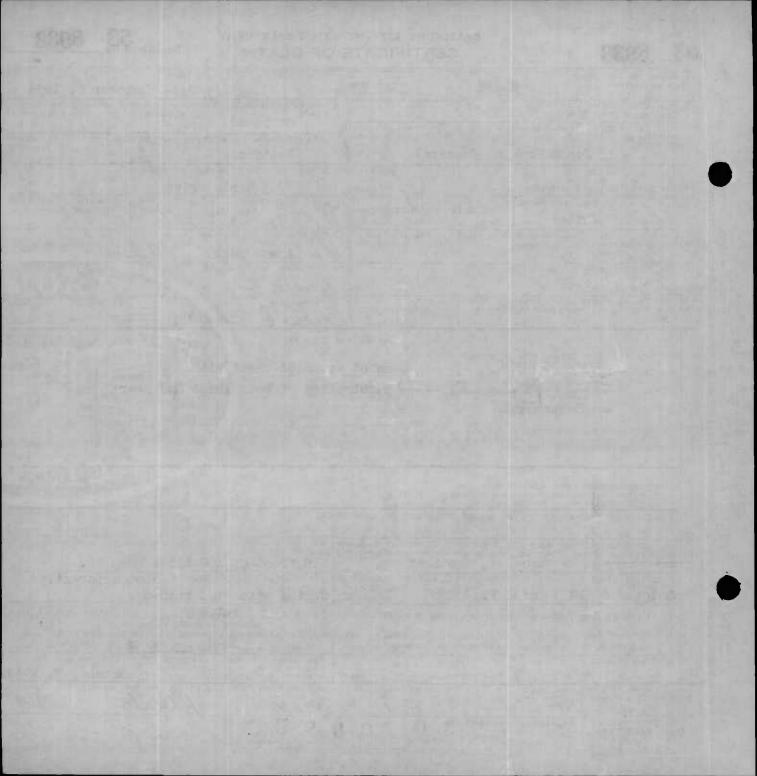
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BINDING

FOR

See query reply in Document file

53 _{BIRTH N} 8933		EALTH DEPARTMENT E OF DEATH	Registered No.	8933
1. NAME OF DECEASED (Type or Print) HARRY	EZERSKY		2. DATE OF DEATH Octobe	r 6, 1953
a. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If ins	titution : residence before admission)
	tution, give street address or location)		outside corporate limits, Av	vrie KVRAT and give township)
c. Length of stay in Baltimore	Les Yrs. Mos. Days	D. STREET ADDRESS (If r 3705 Menlo		
Male White WIDE	GLE, MARRISO, OWED, DIVORCED (Specify)	1997 1901	last hirthday) Month	et I Year If Under 24 Hours S Days Hours Min.
rork don fing most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	pallemore	Ma	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES: (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Kate 6 zer	-1 /1	RESS
injury or complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(B)	ration of both lur		
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSING	ATED			
	OR FINDINGS OF OPER	RATION		YES NO
UNDERLYING TO OR CONTRIB. Chout bor	PLACE OF INJURY (e.g., i me, farm, factory, street, office bldg., street	In front of 20		St.
210. TIME (Month) (Day) (Year) (Hour) OF INJURY 0. 1953 6:30 P.m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK			parently
22. I certify that I took charge of the the evidence obtained by said Ar and death in my opinion resulted	he remains described of utopsy, Inspection or i	above, held an Autopsy, I Anguiry, find that said de	nspection or Inquiry ceased died on the	thereon and from day stated above ctermined .
23A, SIGNATURE RESEARCH		23B. CHIEF MEDICAL E ASSISTANT MEDICAL E 1.D. MEDICAL INVESTIGATO	XAMINER Oct	ober 7/1953
24A/BURIAL, CREMA 24B, DATE TION REMOVAL (Specify) 10-8-53	Muted A	Lebrew	CATION (City, town, or	V Md
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR	TURE CHILD AND	FUNERAD DIRECTOR	7.100 6 A	too Pl



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH RTH NO 2. DATE NAME OF DECEASED pe or Print) OF DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore City, Maryland A. STATE B. COUNTY before admission) FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR C. CITY OR TOWN (If outside corporate mits, write RURAL and give STITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. 40 weenstary Length of stay in Baltimore Daw 6. COLORTOR RACE 9. AGE (in years Hollier I Year I Weder 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) macrica A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTMPLACE (State or foreign country) 12. CITIZEN OF dono during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Mor FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCEST no or unknown) (If yos, give war or deten of service) 16. SOCIAL ADDRESS no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 20.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSYT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION VES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

WHILE AT NOT WHILE

21p-TIME (Month) (Day) (Year) (Hour) JURY WORK

22. I hereby certify that I attended the deceased from

deceased alive on 23A. SIGNATURE

nim BURIAL, CREMA-248. DATE

REMOVAL (Specify)

REGISTRAR'S SIGNATURE

TE RECEIVED BY CAL REGISTRAR

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AT WORK

24C. NAME OF CEMETERY OR

___, 1953 .. and that death occurred at

23B. ADDRESS

CREMATORY

25. FUNERAL DIRECTOR

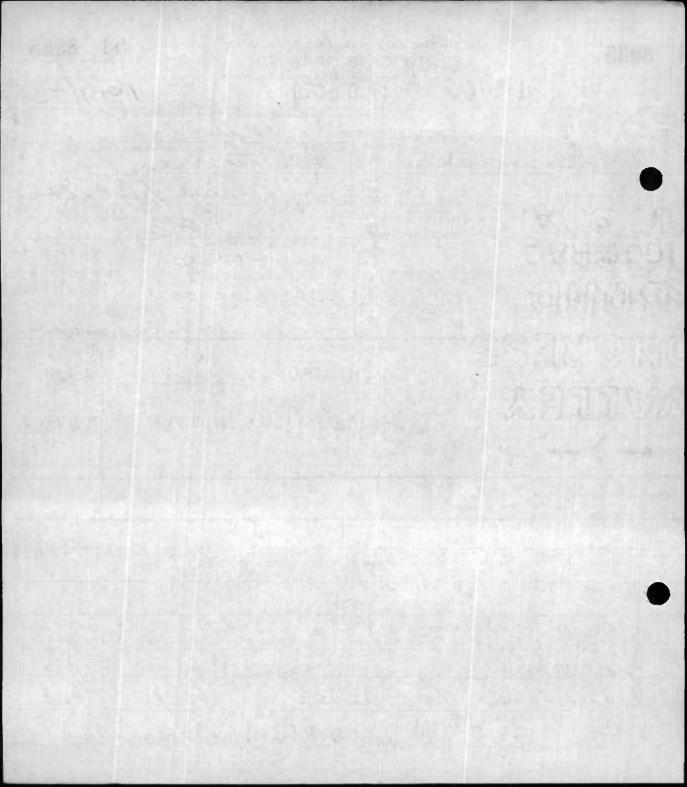
21F. HOW DID INJURY OCCUR?

. 19 that I last saw the

m., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county)

ADDRESS

r-651			25		
8935 RTH NO.			EALTH DEPARTMENT E OF DEATH	Register	53 8935
NAME OF DECEASED pe or Print)	Samuel	1 greet	rberg	2. DATE OF DEATH	10/7/53
PLACE OF DEATH: Baltimore City, Mary TULL NAME OF (If po	land hospital or institution	a, give street address or	4. USUAL RESIDENCE (B. COUNTY	
SPITAL OR STITUTION	vinda	location)	C. CITTOR TOWN (1	f outside corporate	lit lits writ to RAL and give township)
Length of stay in Balt	timore	60 Yrs.	d. STREET ADDRESS II	f rural, give location	eur llve
le Whi		MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last of thilay)	Months Days Hours Min.
USUAL OCCUPATION in the during most of working life, ev	(Give kind of 10B. KIND (ren if retired)	OF BUSINESS OR INDUSTRY	11. BIRTH LACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
EATHER'S NAME	w		14. MOTHER'S MAIDEN N	NAME	* 2_11_1
WAS DECEASED EVER IN L no or unknown) (If yes, give	J. S. ARMED FORCES? e war or dates of service)	16. SOCIAL SECURITY NO.	17 INFORMAND	heng-Tru	ADJRESS
18. 450.0 DISEASE OR CON	I NOITION DIRECTLY	\mathcal{O}	OF DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
LEADING	TO DEATH he mode of dying, e.g.,	(A)	reumonia	10000 3	Ldays
		DIE TO			0
injury or complication	which caused death.)	Jene Jene	ral arterio	sclerosis	sev. years
injury or complication ANTECEDE DISEASES OR COND	n which caused death.) NT CAUSES ITIONS, IF ANY, GIVING AUSE (A) STATING THE	(B) Jenu	ral arterio	sclerosis	sev, years
injury or complication ANTECEDE DISEASES OR CONDINISE TO THE ABOVE CONDINIDERLYING CONDINING	n which caused death.) NT CAUSES ITIONS, IF ANY, GIVING AUSE (A) STATING THE ITION LAST.	(B) Gene	ral Arterio	sclerosis	sev, years
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injury or complication ANTECEDE DISEASES OR CONDINISE TO THE ABOVE CONDINISERLYING CONDINISERLYING TO THE DESTRUCTION OF THE	n which caused death.) NT CAUSES ITIONS, IF ANY, GIVING AUSE (A) STATING THE VITION LAST. IT CONDITIONS CON- ATH, BUT NOT RELATED CONDITION CAUSING IT.	(B) Jenu	<u> </u>	sclerosis	Sev. Years 20. AUTOPSY7 YES NO
DISEASES OR CONDINING TO THE DISEASE OR TO THE ABOVE CONDINING CONDINING TO THE DESTRUCTION OF THE DESTRUCTION OF THE DISEASE OR CONTINUE TO THE DISEASE OR	which caused death.) NT CAUSES ITIONS, IF ANY, GIVING AUSE (A) STATING THE DITION LAST. II T CONDITIONS CONJUSTION TRELATED CONDITION CAUSING IT. ION 19B. MAJOR UNDER 21B. PLAC	(B) Jene	RATION n or 21c, WHERE DID		
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OTHER SIGNIFICAN TRIBUTING TO THE DESASE OF CONDITION OF CONDITION OF CONDITION OF CONTRIBUTION OF CONTRIBUTIO	MY Which caused death.) NT CAUSES ITIONS, IF ANY, GIVING AUSE (A) STATING THE ITION LAST. IT CONDITIONS CONTACT, BUT NOT RELATED CONDITION CAUSING IT. ION 19B. MAJOR UNDER 21B. PLAC about home, far ay) (Year) (Hour) 2 Which at I attended the death of the state of the sta	DUE TO (C) FINDINGS OF OPER E OF INJURY (e.g., im, factory, street, office bldg., IE. INJURY OCCURR III.E AT NOT WHILE AT WORK Ceceased from 4	RATION n or 21c, WHERE DID no.) INJURY OCCUR? ED 21F, HOW DID INJUR 29 , 19 3 to 1	(If in Baltimore C	YES NO Dity, give exact location)
OTHER SIGNIFICAN TRIBUTING TO THE DISEASE OR CONDITION TO THE DESTRUCTION OF CONTRIBUTING TO THE DESTRUCTION OF CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTION O	MY Which caused death.) NT CAUSES ITIONS, IF ANY, GIVING AUSE (A) STATING THE ITION LAST. IT CONDITIONS CONTACT, BUT NOT RELATED CONDITION CAUSING IT. ION 19B. MAJOR UNDER 21B. PLAC about home, far ay) (Year) (Hour) 2 Which at I attended the death of the state of the sta	DUE TO (C) FINDINGS OF OPER CE OF INJURY (e. g., i m, factory, street, office bldg., IE. INJURY OCCURR AT WORK Ceceased from 4 and that death occur and that death occur	RATION n or 21c, WHERE DID no.) INJURY OCCUR? ED 21F, HOW DID INJUR 29 , 19 3 to 1	(If in Baltimore C	YES NO lity, give exact location)
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OTHER SIGNIFICAN TRIBUTING TO THE DE TO THE DESASE OR CONDINISE TO THE ABOVE CUNDERLYING CONDINISE OTHER SIGNIFICAN TRIBUTING TO THE DE TO THE DISEASE OR CONTRIB CAUSE OF OF DEATH 2. ME (Month) (DE AURY 2. I hereby certify to deceased alive on 2. SIGNATURE A BURIAL CREMA- NEMOVAL (Specify) A BURIAL CREMA- NEMOVAL (Specify)	which caused death.) NT CAUSES ITIONS, IF ANY, GIVING AUSE (A) STATING THE ITION LAST. IT CONDITIONS CONTACT, BUT NOT RELATED CONDITION CAUSING IT. ION 19B. MAJOR UTING 21B. PLAC about home, far which at I attended the death of the d	TINDINGS OF OPER TE OF INJURY (e.g., im, factory, street, office bidg., im, factory,	PATION 10 or 21c. WHERE DID 10 or 1NJURY OCCUR? ED 21f. HOW DID INJUR 12 or 2 or	(If in Baltimore C RY OCCUR? the causes and of the causes are also are also also and of the causes are also are also also are also also are also a	1953, that I last saw the on the date stated above. 23c. DATE SIGNED 10-7-53 10 (State)



	13.	455	BALTIMORE CITY I	HEALTH DEPARTME	ът 53	8 8936
3	BIRTH	36 No.		TE OF DEATH	Registered ?	No.
		r Print) REBECCA	BELMAN		2. DATE OF DEATH OCT	+8/53
	A. Balt	ce of DEATH: imore City, Maryland		A. STATE	(Where deceased lived, If	institution: residence betore admission)
y.	HOSPIT INSTIT	TAL OR	al or institution, give street address location		(If outside corporate limit	write RURAL and give township)
and legibly	4. Lens	gth of stay in Baltimore	VI Mor	7.500	(If rural, give location)	live
	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED DIVORCED (Special Control of Control o	8. DATE OF BIRTH		it Under 1 Year H Under 24 Hours onths Days Hours Min.
clearly	work toned	SUAL OCCUPATION (Grekind of luring most of working life, even it retired)	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTUPLACE (Stat	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
death	13. EM	CLES NAME		6 stiller	NAME	
of	15. WAS (Yes, ao os	DECEASED EVER IN U. S. ARMED runknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	MINFORMANT COL	uou	DDRESS
write the causes	h	DISEASE OR CONDITION I LEADING TO DEAT This does not mean the mode or leart failure, asthenia, etc. It mean njury or complication which co	DIRECTLY If dying, e. g., (A)	of DEATH	rest	INTERVAL BETWEEN ONSET AND DEATH
Physicians: please w	R	ANTECEDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	ANY, GIVING	bral 4 card	bac Scleros Cardiovascul	is large
Physician	ш T	II OTHER SIGNIFICANT CONOITIONS TO THE DEATH BUT NOT F DISEASE OR CONOITION CAUSING	ELATED TO THE	Letes med	litus	
	AL		BB. CONDITION FOR WHICH AS PERFORMED	CAU	PPERATION WAS RELATED TO SE OF DEATH, ENTER RT I OR PART II	
important.	OR	ACCIDENT WAS UNDERLY! CONTRIBUTING CAUSE OF TH (NOTIFY MEDICAL EXAMINE)	about home, farm, factory, street, off	(e. g., in or cice bldg., etc.) INJURY OCCU	DID (If in Baltimore City, JR?	, give exact location)
ly		TIME (Month) (Day) (Year) INJURY	WHILE AT NOT W	RED 21F. HOW DIE	O INJURY OCCUR?	
age is especial	dec 23A	eased alive on Oct)	ended the deceased from O., 1953, and that death occ	urred at 2 tm., fr 23B, ADDRESS	on the causes and on t	CLES SIGNED
ct a	TION, RE	EMOVAL (Specify)	3 Herring		Palto	Md

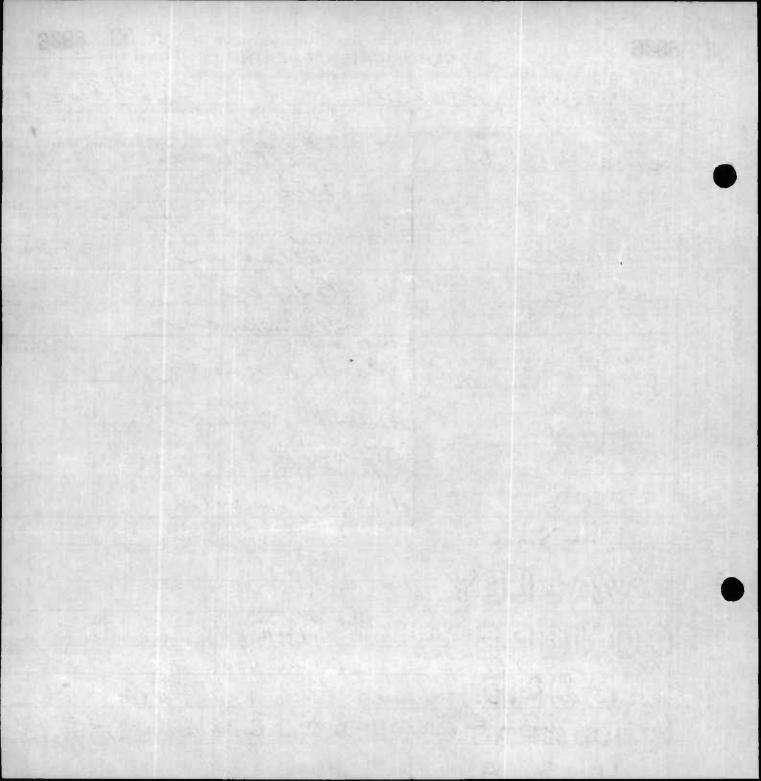
ADDRESS

FUNERAL DIRECTOR

VS 150

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH TH NO. NAME OF DECEASED 2. DATE pe or Print) OF DEATH PLACE OF DEATH: A. STA Baltimore City, Maryland ULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location)

> Yrs. Mos.

Days

Registered No. AL RESIDENCE (Where deceased lived, If institution: residence B COUNTY before admission) (If outside corporate linits, write RURAL and give township) ff Under 1 Year 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. (State or foreign country) 12. CITIZEN OF INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY NO C YES (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? . 19 25 that I last saw the _m., from the causes and on the date stated above.

ength of stay in Baltimore 6. COLOR OR RACE

FATHER'S NAME

7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) USUAL OCCUPATION (Give kind of BUSINESS OR

oneduring most of working life, even if retired) INDUSTRY

WAS DECEASED EVER IN U.S. ARMED FORCES? no or nuknown) (If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g.,

16. SOCIAL SECURITY NO.

CAUSE OF DEATH

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

CAUSE OF DEATH

about home, farm, factory, street, office bldg., etc.)

218. PLACE OF INJURY (e. g., in or

21E. INJURY OCCURRED

allenocarano

NOT WHILE WHILE AT

22. I hereby certify that I attended the deceased from New 26 19.25, and that death occurred at 9 deceased alive on Oct

234. SIGNATURE

ME (Month) (Day) (Year) (Hour)

BURIAL, CREMA-EMOVAL (Specify)

REGISTRAR'S SIGNATURE TE RECEIVED BY

24C. NAME OF CEMETERY OR CREMATOR

238 ADDRESS

and chee

(B)

25 FUNERAL DIRECTOR

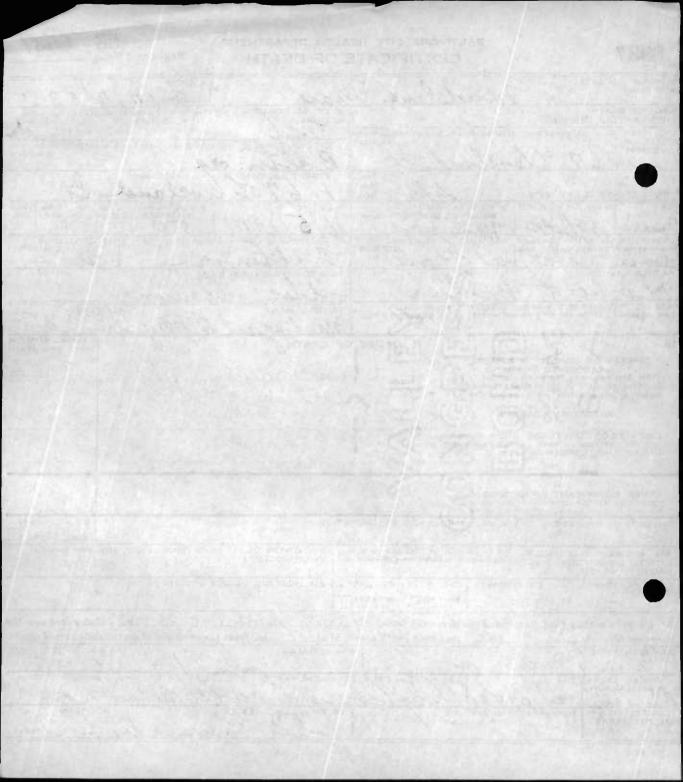
1952-to

21c. WHERE DID

INJURY OCCUR?

23c. DATE SIGNED

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PLACE OF DEATH

pe or Print)

NAME OF DECEASED

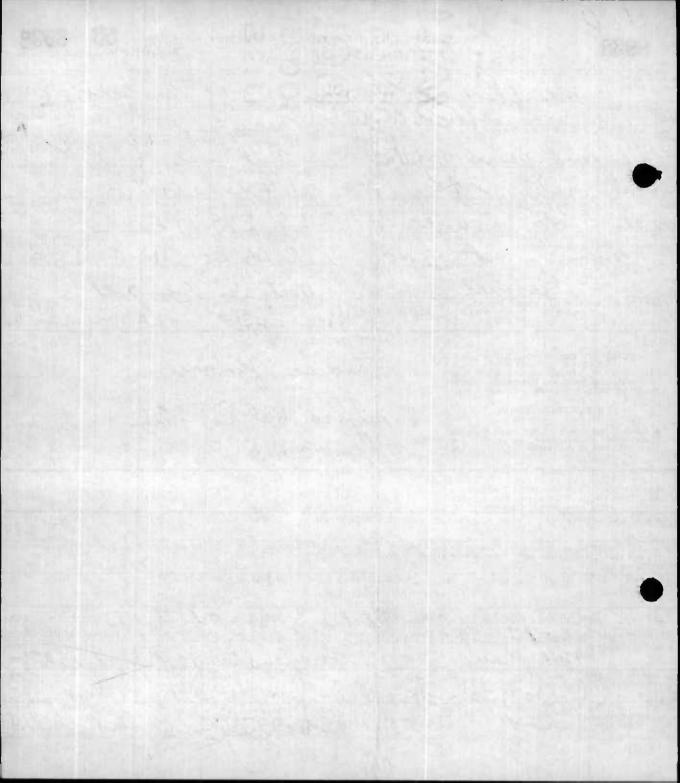
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8938

2. DATE

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

COUNTY Baltimore City, Maryland A. STATE before admission) TULL NAME OF (If not in hospital or institution, give street address of location SPITAL OR C. CITY OR TOWN (If outside corporate imite, write RURAL and give township Yrs. (If rural, give location Mos. Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGUE, MARRIED AGE (In years 8. DATE OF BIRTH last birthday) Months: Days Hours: Min. WIDOWED, DINORCED (Specify) 108. KIND OF BUSINESS OR . USUAL OCCUPATION (Givekind of) M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO NTERVAL BETWEEN 20.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO cufacting ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21pm ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from Oct , 1957, to 60 871, 1951 that I last saw the deceased alive on At 7th, 19 [] and that death occurred at Am., from the causes and on the date stated above. 23A. SIGNATURE BURIAL, CREMA-24c. NAME OF CEMETERY OR CATION (City, town, or county N REMOVAL (Specify RECEIVED BY REGISTRAR'S ADDRES VS 150



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BALTIMORE CITY HEALTH DEPARTMENT

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Registered	20	8939

3 89	39			CERTIFI	CATE	E OF	DEAT	H	Re	gistered No		0000
	OF DECEASED	Mrs. A	bbie J	Armacos	t				2. DATE	н Octobe	r 6	. 1953
	ore City, Mar					4. USI	TE		here decea	sed lived. If in	stitutio	
B. FULL NA HOSPITAL INSTITUTION	OR ON				ldress or ocation)		Y OR TOW		outside cor	perate Vinits	ur (ce)	U.AL and give township)
10	150	6 Union	Avenu	e	Yrs.	D STD	Balt EET ADDF	imore	rural give	docation)		
	of stay in Ba		50 year		Mos. Days		1206	5 Unior	n Aven	ue		
5. SEX	6.COLOR Whi			. MARRIED. ED, DIVORCED	(Specify)		31, 18			in years if the rthday) Mont		If Under 24 Hours Lys Hours Min.
10A. USUA work done during At Hon	L OCCUPATION most of working life,	(Give kind of even if retired)	10B. KIND	OF BUSINESS	OR		THPLACE		reign coun	try) I	2. CIT Wh	TIZEN OF HAT COUNTRY?
13. FATHE	R'S NAME	!					THER'S M	AIDEN NA	AME			
Jarret	t N. Wils	on				Max	ry Ida	Downes	5			
15. WAS DE (Yes, no or unk	CEASED EVER IN nown) (If yes, gi	U, S. ARMED ve war or detes	FORCES? of service)	16. SOCIAL SECURIT	Y NO.		Wm. H.	Ruby	2774	Kildair	Dr	
Injur	ANTECED ASES OR CONITO THE ABOVE ERLYING CON R SIGNIFICANT CONTENTS OF THE DEATH E	ENT CAUSI DITIONS, IF CAUSE (A): DITION LAS	ANY, GIVING THE	(B) G (DUE TO (C)		L			0			3 шо
U DISE	TE OF OPERAT	ON CAUSING	IT.	TION FOR WE	IICH OF	PERATIC	N	CAUSE O	F DEATH	RELATED TO	20.	AUTOPSY?
O OR CON	CIDENT WAS TRIBUTING (NOTIFY MEDICA	CAUSE OF	about h	PLACE OF IN							YES	
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK												
	ereby certify ed alive on I	that I att	ended the 1932, o	12)	2	rred at. 238. ADI	DRESS	in from the	0/6 he causes	, 19 3 3 and on the	that date	I last saw the stated above
TION, REMO	VAL (Specify)	4B. DATE	1953	A NAME OF		RYORC	REMATOR	COLD		(City, town, o		/
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8940

	RTH NO WU			OLIVIII IOAI	L OI DEF	X 1 1 1			
1.	I. NAME OF DECEASED (Type or Print)						2. DATE		
			ladys (Gross			DEATH10-5		
	PLACE OF DE. Baltimore Ci	ATH: ty, Maryland			4. USUAL RES	SIDENCE (Whe	ere deceased lived		n : residence fore admission)
В.	FULL NAME O	F (If not in hospita	al or instituti	ion, give street address or	l l	Maryland			07
IN IN	SPITAL OR	Baltimore	city !	Hospitals location)	c. CITY OR TO		tside corporate i	mits, write R	URAL and give township)
_		4940 East	ern Av			Baltimore		- 6	townsmp)
				Yrs.			ral, give location		
		ay in Baltimore	11:	Days Days		630 W. Ba	rre St. #	30	
5.		6. COLOR OR RACE		E. MARRIED. ZED, DIVORCED (Specify)	8. DATE OF BI	RTH	9. AGE (In years last birthday)	Months Day	Hours Min.
10	Female	Negre		Married	July 31,	1908	45		
wor	done during most of	UPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	CE (State or fore	ign country)	12. CITI WH	ZEN OF AT COUNTRY?
12	FATHER'S NA	W.				Marylan			
13	FATHER'S NA		(1)		14. MOTHER'S				Bull a
1.5	WAS PERFACED	Jesse Weod			Me	eddie Lee			
(Ye	, no or unknown)	(If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN			ADDRESS	
					B. C. H.	4940 Pas	tern Ave.		
	18. 446	X		CAUSE	OF DEATH			INTE	RVAL BETWEEN
		OR CONDITION							
	(This does n	not mean the mode of	f dving, e. g	., (A) Uren	iia	************************	>-s		*********
19	injury or c	e, asthenia, etc. It mea: complication which c	aused death	e, .) DUE TO					FIG. LES
2	A	NTECEDENT CAUS	FS						
Z				(B) Arte	riolescler	rotic Nep	hresclere	sis	
ATION	RISE TO THE	OR CONDITIONS, IF E ABOVE CAUSE (A)	STATING TH	G E DUE TO					
A	UNDERLYI	NG CONDITION LA	ST.	(C)					
RTIFIC									
TI	OTHER SIGN	II	CONTRIBLE	TING					
111	TO THE D	DEATH BUT NOT F	RELATED TO	THE					
U	19A. DATE OF		NAME OF TAXABLE PARTY.	TION FOR WHICH OF	PERATION	IF OPERATIO	ON WAS RELATED	D TO 20.	AUTOPSY?
A		N N	AS PERFO	RMED		PART I OR	DEATH. ENTER	IN YES	
DICA		NT WAS UNDERLYI		PLACE OF INJURY (e. g., in or 21C. Wi	HERE DID (If			
Li	DEATH (NOTIF	TY MEDICAL EXAMINE	R)	nome, farm, factory, street, office	bidg.,etc.) INJURY	YOCCURY			
Z	21D TIME (M	Ionth) (Day) (Year)	(Hour) 2	LE. INJURY OCCURR	ED 21F, HC	TULNI DID WC	RY OCCUR?		
	OF INJURY		m	WHILE AT NOT WHI	LE				
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	deceased alie	certify that I att	inaea the	and that death occur	med a 9 : 45 A	0 10 to	10-5 , 19	that I	last saw the
	23A. SIGNATU	JRE .		2	3B. ADDRESS	in., from the	causes una or		ATE SIGNED
			un Vo			Eastern J	Ave.	10-5-	
3	A. BURIAL CH	REMA- 248. DATE		24c, NAME OF CEMEN					4.4
17	BOYREAGYAL (Specify) PCF B MIT CHUNGING								
	TE RECEIVED		SIGNATO	RE TO TOO	25 FUNERAL	DIRECTOR /	1	ADDRE	ss, a
Lo	CAL REGISTR	AR	aton 7	Carles San Sign	1 1	asta	1 91	80	Kul
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	VS 150		100					6	me

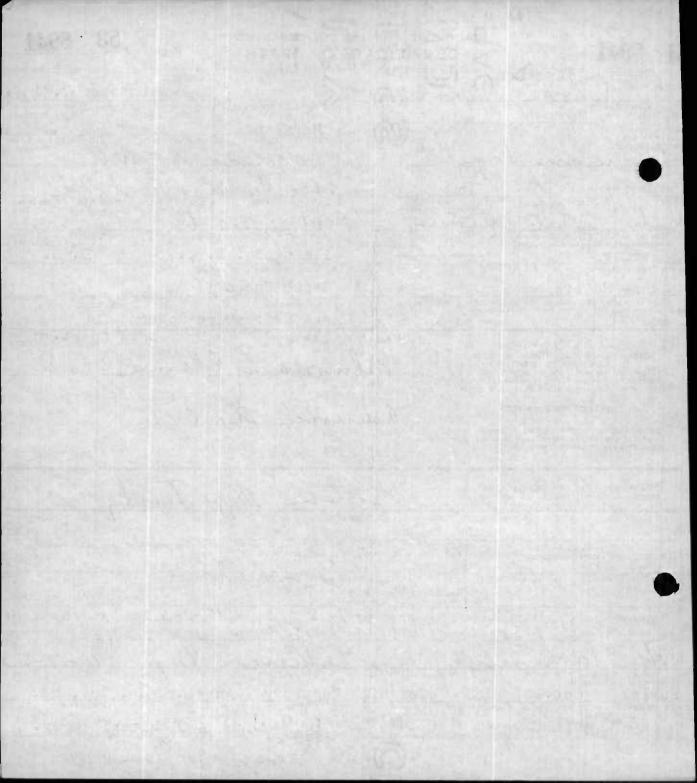
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CERTIFICATE OF DEATH

Registered 53 8941

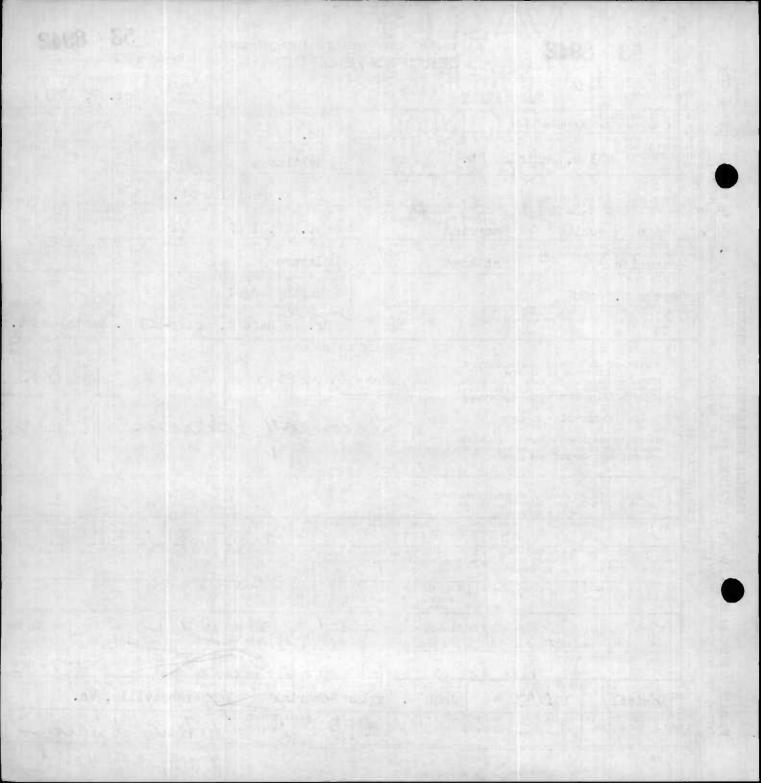
RTH NO.	- OI BEATT
NAME OF DECEASED JACKSON	2. DATE
Hudrey Koccys	DEATH October 7, 1953
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address or	Maryland 1 - 05
DSPITAL OR location)	C. CITY OR TOWN (If outside corpo ate limits, write RURAL and give
tallean Associal	Bellimore 26, Med township)
Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore 15 yrs Mos. Days	2200 Hawkins Toint Rd
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVOFCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Il Under Year If Under 24 Hours Index 24 Hours Months Days Hours Min.
Male Wite Wanied	Sept 71, 1883 (9
DA. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
k dooe during most of working life, even if retired) Barber	Wilmington, N. C. WHAT COUNTRY? U. S.
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacca Pagang	Sarah Sneed
Jesse Rogers . Was deceased eyer in u, s. armed forces? 16. social	
ss, no or uokoowo) (11 yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No	Anna Brookshire Rogers 2200
18. 42211 CAUSE	OF DEATH HAWKI I BUT AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A)	monary Edema 20 min
heart failure, asthonia, ctc. It means the discase, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
ANTECEDENT CAUSES	esselesatio CVD
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
11 0	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	race pyperhyphy
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., e	a or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
CAUSE OF DEATH	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 9 -	7-53, 19, to 10-7-53, 19, that I last saw the
	red at 130 Pm., from the causes and on the date stated above.
	38 ADD 23C. DATE SIGNED
Abrold & Dels 12 M.D.	Tulleran Hors 10-7-53
4A. BURIAL, CREMA- 24B. DATE 240 NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial Oct.10, 1953 Cedar Hill	Cemetery Anne Arundel Co., Md.
ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
OCAL REGISTRAR Tuntington Fellesult	6 0 chall 4001 Bitchia House
	George Gonee 4001 Ritchie Hgwy.
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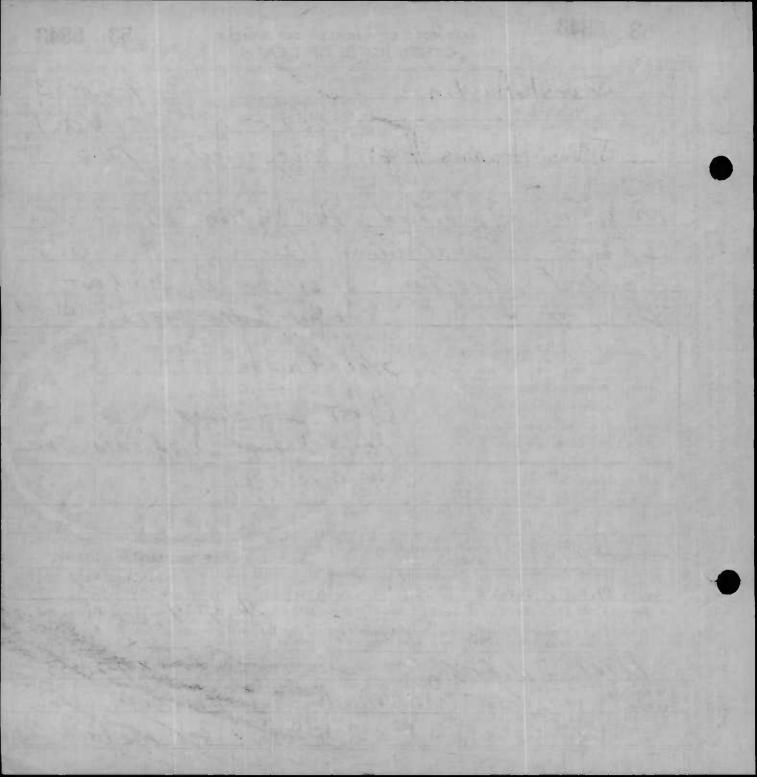
53 8942 BIRTH NO.	CERTIFICATI	E OF DEATH Registered No.		
I. NAME OF DECEASED	D KELLY	2. DATE OF DEATH Oct. 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admissi		
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION 803 N. Benta:	location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and towns) Baltimore		
c. Length of stay in Baltimore	Yrs. Mos. Days	b. Street Address (If rural, give location) 803 N. Bentalou St.		
5. SEX 6. COLOR OF RACE female white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9. AGE (In years li Under I Year last birthday) Months Days Hours M		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWI fe	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Delaware 12. CITIZEN OF WHAT COUNT.		
George M. Todd		14. MOTHER'S MAIDEN NAME Martha Edgel		
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	of FORCES? 16. SOCIAL SECURITY NO.	Mr. Leonard A. Kelly-803 N. Bentalou S		
Z O DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA O THE OTHER SIGNIFICANT CONDITIONS TO THE DEATH ONLY THE	f dying, e. g., (A)	romany Aclerosis year		
DISEASE OR CONDITION CAUSING	RELATED TO THE IT. 9B. CONDITION FOR WHICH OF			
21A. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINE	about home, farm, factory, street, office			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Th. WORK AT WORK				
dcceased alive on Oct 7 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 10/9/53	ended the deceased from 2. 1953, and that death occur 24c. NAME OF CEMETE John W. Taylor SIGNATURE:	rred at 2 A m., from the causes and on the date stated about 3B. ADDRESS 23C. DATE SIGN CC + 7-5 RY OR CREMATORY 24D. LOCATION (City, town. or county) (Sta		
VS 150		Bacto 17, Mrd.		



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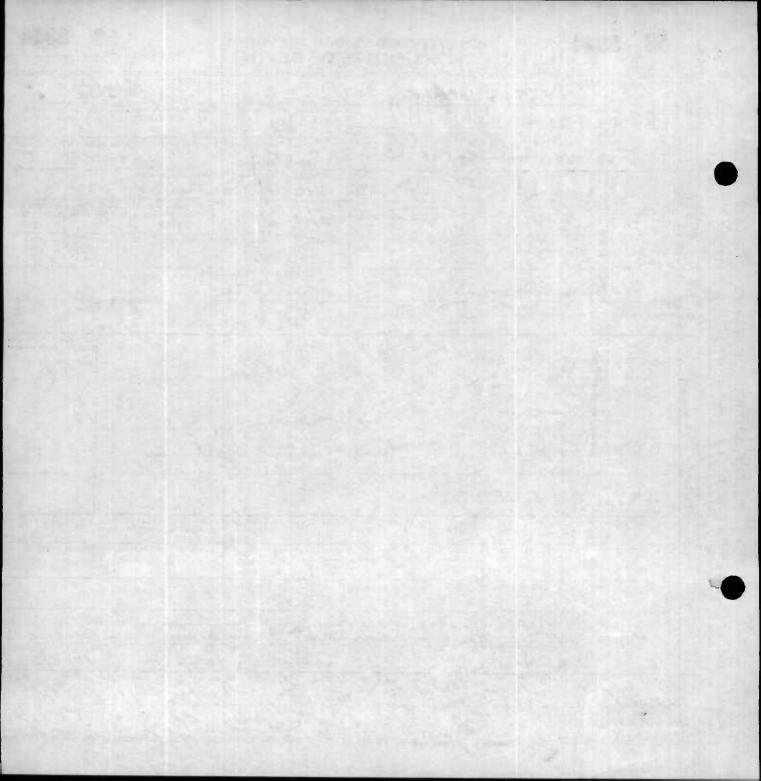
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53 8944 BALTIMORE CITY HE CERTIFICATI		944
1. NAME OF DECEASED RUTH CHAPMAN	(Kimball) 2. DATE OF DEATH 10/5/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or		esidence admission
HOSPITAL OR INSTITUTION UNIVERSITY HOSP.	C. CITY OR TOWN (If outside corporate limits, write RURA Baltinine /8-02	AL and give township
Yrs. C. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARNIES WIDOWED OLVORCED (Specify)	8. DATE OF BIRTH 3/19/13 9. AGE (In years li Under Year last birthday) Months Days II	Under 24 Hour lours Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN WHAT	OF
13. FATHER'S NAME Chapman	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		L BETWEE
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (C)	n essential hypotenian	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
194. DATE OF OPERATION 198. CONDITION FOR WHICH OF WAS PERFORMED	PERATION IF OPERATION WAS RELATED TO 20. AUT	NO _
☐ OR CONTRIBUTING ☐ CAUSE OF about home, farm, factory, street, office ☐ DEATH (NOTIFY MEDICAL EXAMINER)	(e. g., in or 21c. WHERE DID (If in Baltimore City, give exact lobldg., etc.)	eation)
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK	LE	
22. I hereby certify that I attended the deceased from 10, deceased alive on 10,5, and that death occur	rred at 30 Pm., from the causes and on the date stat	
23A. SIGNATURE J. Weine M. C.	23B. ADDRESS	SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 30N. REMOVAL (Specify) 08/1959 77 Calm	my Cem. Ceder Hill 81	Mal-
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	S. FUNERAL DIRECTOR ADDRESS	shelf.
Visited Huntington Vialent 72	>8A	

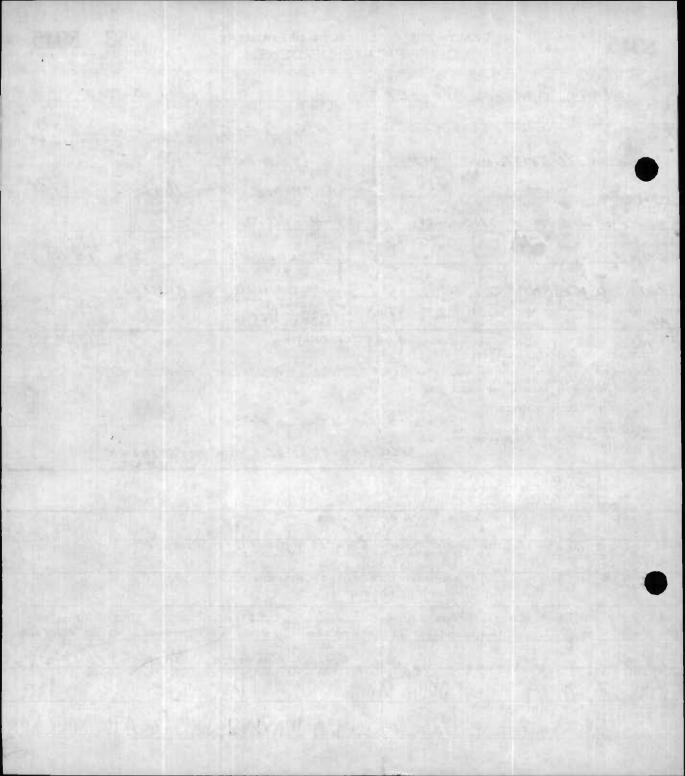


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

RTH NO NAME OF DECEASED 2. DATE pe or Print) BERNARD TOWERS DEATH 10-7-53 PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence Baltimore City, Maryland A. STATE B. COUNTY before admission) FULL NAME OF (If not in hospital or institution, give street address or MARYLAND (If outside corporate limits, write RULAI and give C. CITY OR TOWN STITUTION UNION MEMORIAL BACTIMORE Yrs. D. STREET ADDRESS (If rural, give location) MUS. Length of stay in Baltimore AMBRIDGE SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 9-4-1872 WHITE WIDOWED A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? VKNOWN 215A MARYLAND FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH BERNARD JOSEPHINE PARRELL WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknowo) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS no or unknowo) SECURITY NO. NO INTERVAL BETWEEN 18. CAUSE OF DEATH 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH WELLMONARY EMBOLISM, MASSINE (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (BMYGEARDIAL INFARCTION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. PRTERIOSELEROTIE DARDIOVASEULAR 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, form, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH IME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY WHILE AT NOT WHILE! AT WORK (3:30 Pm) 50 1953 to 10 -7 , 1953, that I last saw the 22. I hereby certify that I attended the deceased from_ 1953, and that death occurred at6 deceased alive on 10-7 23A SIGNATURE UNION MEMORIAL HOSP. -M. D. 4A. SURIAL, CREMA-ON, REMOVAL (Specify) 24C. MAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DCAL REGISTRAR linecon ?



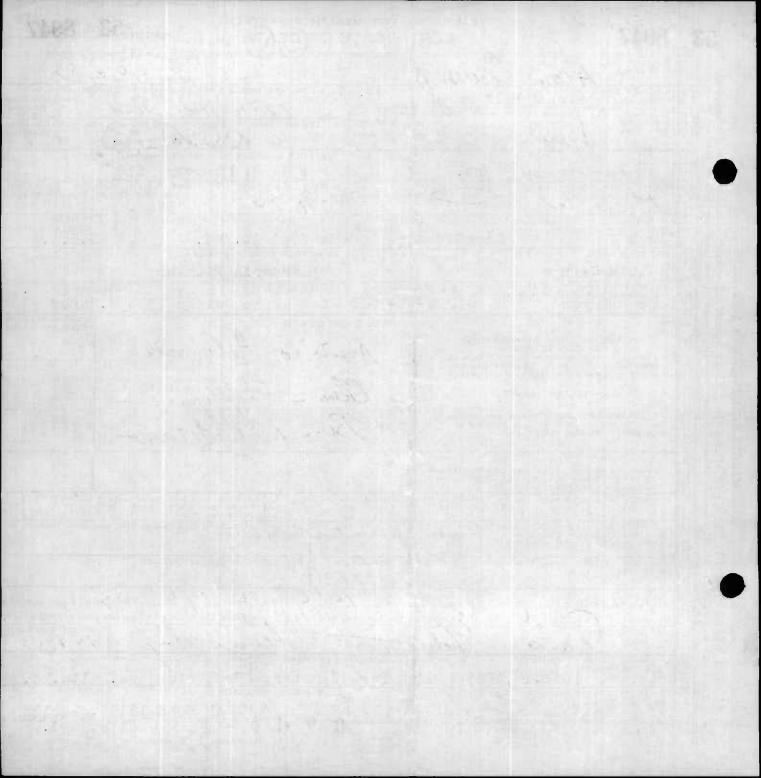
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Registered N CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF BERNANDINE REITANO DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: Baltimore B. COUNTY , before admission) A. Baltimore City, Maryland A. STATE Maryland (If not in hospital or institution, give street address or c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Sinai Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 7018 Holabird Ave Dundalk Md Davs 9. AGE (In years | If Under 1 Year | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify September 23/95 Married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY St. Bernardo Italv Housewife Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Teresa Giuseppe Guzzo 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Josephine 7018 Holabird no CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cerebro-Vascular Accident LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Cause unkyown DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FIC 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Ш DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 20 AUTOPSY 19A. DATE OF OPERATION IF OPERATION WAS RELATED TO WAS PERFORMED CAUSE OF DEATH, ENTER IN PART I OR PART II CA 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e. g., in or OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? OF INJURY ecially WHILE AT deceased alive on 10.6.53, 19 and that death occurred at 1 30 pm. from the causes 23A. SIGNATURE ____, 1953, that I last saw the m., from the causes and on the date stated above. PLEASE WRITE 23c. DATE SIGNED Sinal 10.6.53 age 246. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) correct Holy Redeemer Cemetery 4430 Belair Oct 10 1953 H LOCAL REGISTRAN VS 150

BALTIMORE CITY HEALTH DEPARTMENT

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=	1. NAME OF D (Type or Print)	Albin 6	Dui	lags					2. DATE OF DEATH	101	6/5	3
	3. PLACE OF D	EATH: City, Maryland B	altimo	re	-12	4. US		ENCE (W	here deceased			i : residence fore admission
	B. FULL NAME HOSPITAL OR INSTITUTION				address or location)	c. CIT	Y OR TOWN	V (lf		rate limits,	write RI	URAL and riv
	c. Length of s	tay in Baltimore	58yrs.		Yrs. Mos. Days	D. STF	REET ADDR		rural, give loca	ation)	5	0 3
	5. SEX	6. COLOR OR RACE	7 SINGL	E. MARRIED. VED DIVORCE		8. DAT	E OF PIPT		9. AGE (In	day) Mon	Inder 1 Year ths: Days	H Under 24 Hours Hours Min
=	10A. USUAL OC ork done during most o Clerk	CUPATION (Give kind of of working life, even if retired)	Race		S OR IDUSTRY	Har	ford C	t. Md	reign country		U.S	T COUNTRY
	13. FATHER'S N						THER'S M.					
-		Owings	- EOBCEC	I 16. SOCIAL			Mar jor	ie PJ	Lummer			
(Yes, no or unknown)	(If yes, give war or date	s of service)	220-07-	7020		FORMANT	e Owi	ings 13		Han	overS
1 4 0 1	(This does heart failu injury or DISEASES RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, IT HE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. ; ns the disease caused death SES F ANY, GIVIN STATING TI	(B) (B) (C)	Ause of Au	uti Umi Bon	EATH CS 2 E xch	Peels	grende As Total			T AND DEAT
1	TO THE	NIFICANT CONDITIONS DEATH BUT NOT I	RELATED TO									
	4	0 4	VAS PERFO					PART I O	TION WAS RE F DEATH, E R PART II	ENTER IN	YES [NO
11 2	OR CONTRIE	ENT WAS UNDERLYI BUTING CAUSE OF TIFY MEDICAL EXAMINE	about	B. PLACE OF II home, farm, factory,					If in Baltimo	ore City, a	give exac	t location)
	21D. TIME (OF INJURY	Month) (Day) (Year)	(Hour)	WHILE AT WORK	OCCURRE NOT WHIL AT WOR	E	21F. HOW	DID INJ	URY OCCUF	₹7		
	22. I hereb	y certify that Latt	tended the	deceased from	om/	0/	(, 195	3 to	10/6	_, 19	Sthat I	last saw th
	deceased al		, 19 53	and that dec	th occur	red at.	11 17/20	, from th	re causes a	nd on th		stated above
	23A. SIGNAT	Laved	V	Tolut	M. D.	3B. ADI	DRESS	rai	Any	A I	23C. D	ATE SIGNED
	24A. BURIAL. (S	Specify)		24c. NAME OF								
-	Burial			Loudon	Park		etery		lerick	Ave.	Balt	
=	OCT 8-		-1-	ellique	hoy				HOME		S.Ch	arles
	VS 150	. 0	d not	14 60	1	0	, , ,	vi		Balt	0.50	Ma.



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BALTIMORE CITY HEALTH DEPARTMENT

53 8948
Registered No.

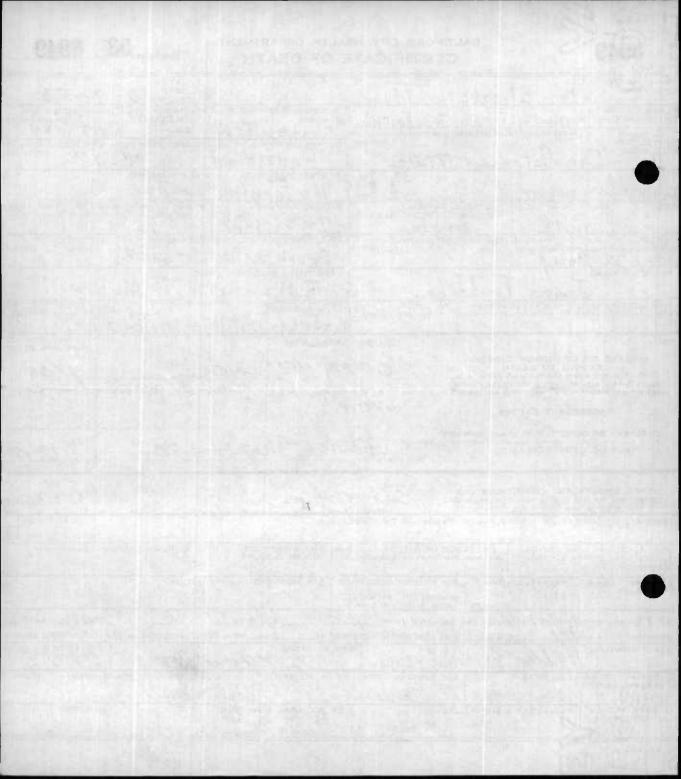
RTH NO.	E OF BLATH
NAME OF DECEASED	2. DATE
Thomas A. Sweeney	DEATH October 6,1953
PLACE OF DEATH: Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
FULL NAME OF (If not in hospital or institution, give street address or	
SPITAL OR location) STITUTION	C. CITY OR TOWN (If outside confirmed write from the five
310 E. Randall St.	Baltimore
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Life Days	310 E. Randall St.
sex 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) male white married	8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min. Sept. 26, 1884 9. AGE (In years last birthday) Months: Days Hours Min.
A. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired) Auditor State of Md.	Baltimore Md. WHAT COUNTRY? U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Patrick Sweeney	Ellen Crystal
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
no or nnknown) (If yes, give war or dates of service) SECURITY NO.	Lillian Sweeney 310 E. Randall St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Coronary Thrombosis 3/2. Arterios clerosis 2-3418
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO W
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., about home, farm, fectory, street, office bldg., CAUSE OF DEATH	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
OLDJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 20 July 1953, and that death occu	Taly, 1952 to Tale, 1953 that I last saw the rred of 7:30 pm., from the causes and on the date stated above.
23A, SIGNATURE M. K. Quinn M. D.	23B. ADDRESS E. Randell St 23C. DATE SIGNED 10/7/53
Burial CREMA: 248. DATE 24c. NAME OF CEMETE Oct. 9, 1953 New Cathed	
ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS KRAUSE FUNERAL HOME 1216S. CharlesSt.

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BALTIMORE CITY HEALTH DEPARTMENT

V	Registered No	8949

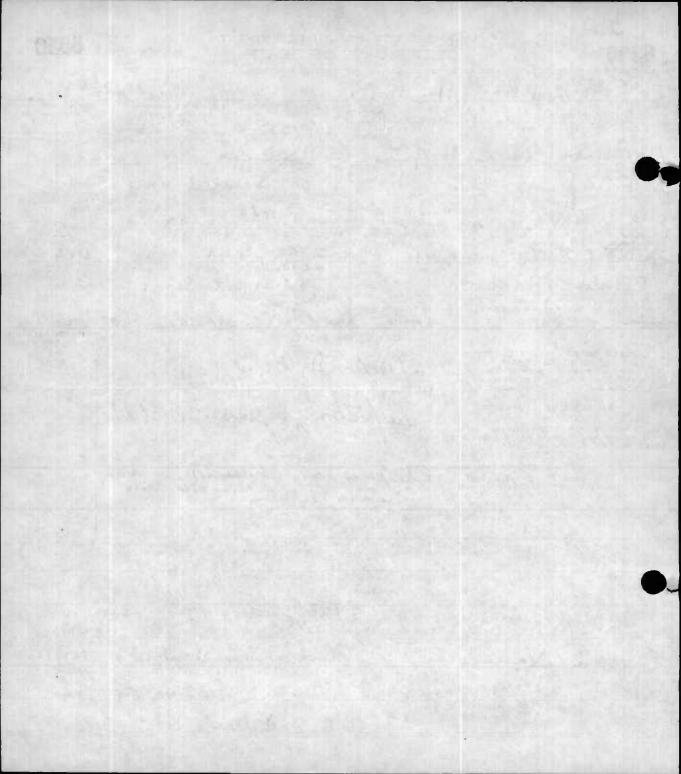
FICATE OF DEATH	egistered No. 0343
	re .
!	11 11 11 11
	eased lived. If institution: residence COUNTY before admission)
Vaddress or Connecticut -	- Hartford
location) C. CITY OR TOWN (If outside e	orporate limits, write RURAL and give township)
Hartford	V - 16
	e location)
2 Days 160 19 ming 10 h	AVE,
	(In years H Under I Year If Under 24 Hours birthday) Months: Days Hours Min.
7-01-10//	76 2 6
NDUSTRY A 1 - 1	intry) 12. CITIZEN OF WHAT COUNTRY?
	achosens U.S.A.
14. MOTHER'S MAIDEN NAME	T M //'
Elizabeth	1. MUILIA
ITY NO. 17. INFORMANT	ADDRESS BUTS
The Seton Institute, 6	426 EISEASTOWN ITA., Md.
CAUSE OF DEATH	INTERVAL BETWEEN
Commen oralis's	11-
wording accusson	lag
Corgnany and general	attent- 12 years
sclerusis	
Arterial busalose	14 400
manue naporteus	12 11 7000
2	
himmal	2722
a go princina	1 years
OF OPERATION	20. AUTOPSY?
	YES NO
JRY (e. g., in or 21C. WHERE DID (If in Ballet, office bldg., etc.) INJURY OCCUR?	timore City, give exact location)
OCCURRED 21F. HOW DID INJURY OCCU	₹?
NOT WHILE	
com Sept 1936 to Oct.	7. , 1953 that I last saw the
eath occurred at 72 hm. from the caus	es and on the date stated above.
238. ADDRESS	23c. DATE SIGNED
SM. D. 4212 19-Herson 1	rue. 1001.7.53
F CEMETERY OR CREMATORY 240. LOCATIO	
1 1 1 1 1 1	(City, town, or county) (State)
rys Cemetery West Hart	ford Conny (State)
1 1 1 1 1 1	(State)
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rys Cemetry West Hart	lord, Conn.
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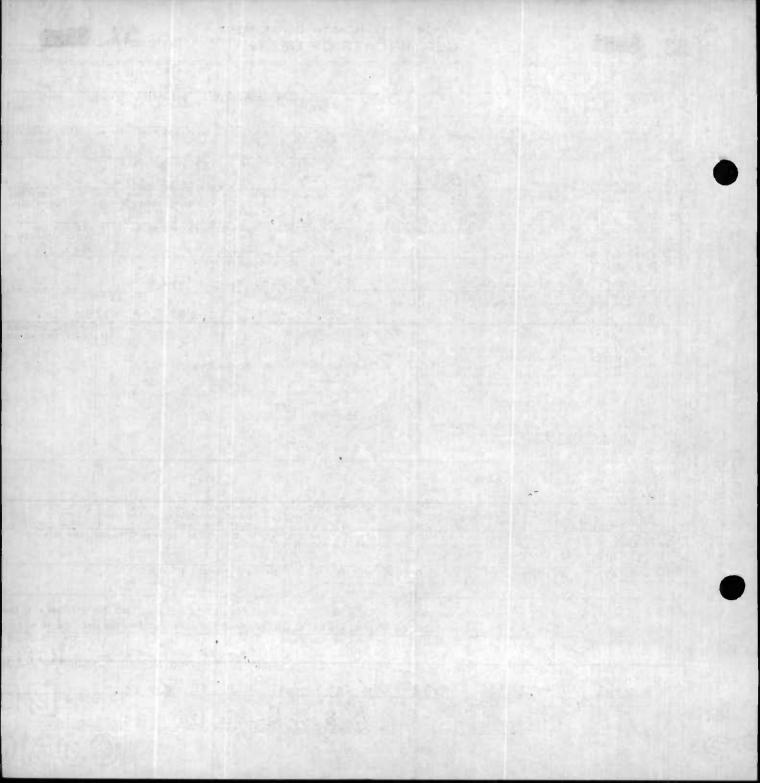
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registere 5 8 8950

TH NO.
NAME OF DECEASED pe or Print) Howard Mc Cauley Mottu 2. DATE OF DEATH 10/7/53
PLACE OF DEATH: Baltimore City, Maryland 33rd & Calvert Sts. A. STATE 4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY D. before admission
SPITAL OR (If not in hospital or institution, give street address or location) C CITY OR TOWN (If outside compared limits with RAL and give
Union Memoriae Hospital Baltimore 1 Township
Yrs. D. STREET ADDRESS (If rural, give location)
Tength of stay in Baltimore Congress 6. Color or race 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In yours) 11 Under 24 House 12 House 13 House 14 House 14 House 15 House 15 House 16 House 16 House 17 House 18 House 1
male white WIDOWED, DIVORCED (Specify) Jan 1, 1888 last birthday) Months Days Hours Min
. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
FATHER'S NAME USA 14. MOTHER'S MAIDEN NAME
Therebre Motte Mary and George
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
no or paknown) (If yes, give war or dates of service) SECURITY NO. Most O. Mothe (wife) 407 Somerset Rd
18. 585 x and 260 x CAUSE OF DEATH INTERVAL BETWEE
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Leti To. Th's RUQ
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING (B) Luman Gaurens Gell-platter
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.
(C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?
ME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21s. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK
22. I hereby certify, that I attended the deceased from 9/26, 1953, to 10/7, 1953, that I last saw th
deccased alive on 10/1, 1913, and that death occurred at 2 m., from the causes and on the date stated above
Carle E. Spencel b M.D. Uning memorial Hopital 10/7/53
A. BURIAL, CREMA- 245 DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) (State)
TE RECEIVED BY REGISTRAR'S SIGNATURE 22. FUNERAL DIRECTOR DORESS
CAL REGISTRAR Junturglow & Stellarst & Morian Co. 108 W. Morth ave.
VS 150



1	-37	-0	RAI	TIMORE CITY H	FAITH DEPAR	TMFNT	-	0	ATT. 4
E ₁	3 89 RTH NO.	51		CERTIFICAT			Registered	No_	8981
1. (T	NAME OF D ype or Print)		a C. Tu	tz			OF DEATH	17	11953
Α.		EATH: City, Maryland			A. STATE	DENCE (W	here deceased lived.	If instit	before admission
B. HO IN	FULL NAME OSPITAL OR ISTITUTION	University Baltimore	y Ho	ion, give street address of location		IN (III	outside corporate lim	its, wr	ite RURAL and giv township
c.	Length of s	tay in Baltimore	4	Yrs.	419	RESS (If I	rural, give location)	m	Rd
-	SEX E MALE	6. COLOR OR RAC		E, MARRIED. VED, DIVORGED (Specify	Feb. 23.		9. AGE (In years last birthday)	If Under Months	Tyen M Under 24 Hours Days Hours Min.
		CCUPATION (Give kind of working life, even if retire		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fo	reign country)		WHAT COUNTRY
13	Colum	NAME Rolas	· som		14. MOTHER'S M	0	nence		
15 (Ye	WAS DECEAS	ED EVER IN U.S. ARN	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	0	100 - 1	ADDR	
-	Yes	WWI			OF DEATH	Lutz.	,409 Rock		en Rd.
FICATION	RISE TO T	ANTECEDENT CA S OR CONDITIONS THE ABOVE CAUSE (, YING CONDITION	, IF ANY, GIVINA) STATING TI	HE DUE TO	ntastro	ss.	general	zes	
ERT	TO THE	SNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSE	RELATED TO	D THE					***************************************
EDICAL C	19A. DATE OF TALL OF CONTRIB	PERATION /	198. CONDI WAS PERFO YING 21E OF about	TION FOR WHICH O PRMED . B. PLACE OF INJURY home, farm, factory, atreet, office	(f.s., in or 21c, WH	PART I O	TION WAS RELATED OF DEATH, ENTER OR PART II (If in Baltimore Cit	IN	20. AUTOPSY? YES No exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Yes	r) (Hour) m.	21E. INJURY OCCURR WHILE AT NOT WH WORK AT WOI	ILE	ראו סום א	URY OCCUR?		
	22. I hereb	10/-	nttended the	deceased from 2	21 , 19 erred at 4:50 P	53 to m., from ti	10/7, 19. he causes and on	the d	ate stated above
-	23A. SIGNA 4A. BURIAL,	Walter	H. B.	M. D.	238. ADDRESS	Horaita	ocation (City, to	ml.	O/7/1983
TI	ON REMOVAL (Specify)	12/53		National		ington Va		
	ATE RECEIVE	D BY REGISTRA	R'S SIGNATI		35. FUNERAL)D	IRECTOR I	4101 Edmo		on Ave
	V\$ 150	1333	0	0588	-4-	0			



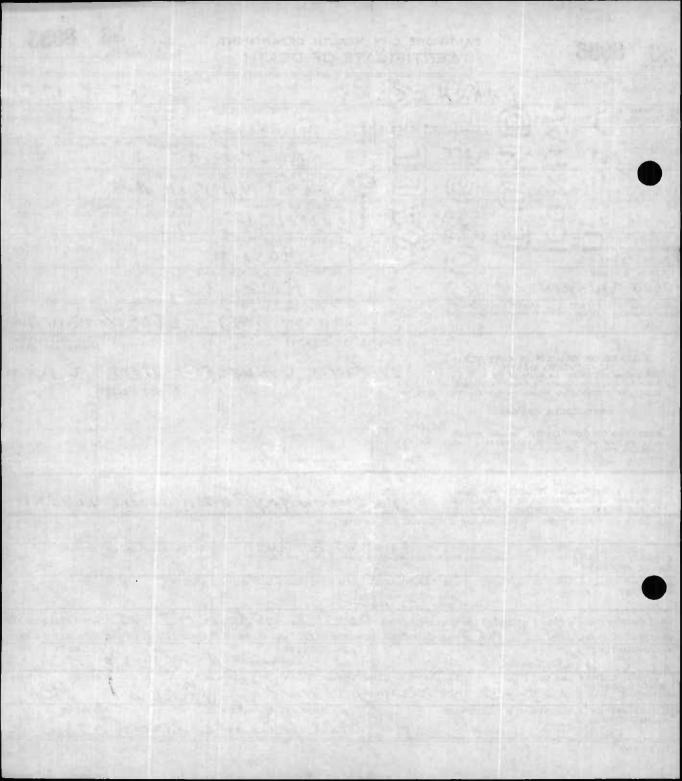
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 8952

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NAME OF D		~ RT T) common t		2. DATE OF	7 70E/
PLACE OF D	EATH:	C III.	Beaumont	4. USUAL RESID	DEATH OC T	
	City, Maryland			A. STATE	B. COUNTY	before admission
FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)		yland	
STITUTION	077			c. CITY OR TOWN		pits, write RURAL and give
	631 Woodin	gton 1	₹d.•		timore /6	0 -00
			Yrs. Mos.	D. STREET ADDR	ESS (If rural, give location)	
Length of s	tay in Baltimore L		Days	631 Wood	ington Rd.	
SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours Months: Days Hours Min.
F.	W.		low	Jan.4.187		Months Days Hours Min.
A. USUAL OC	CUPATION (Give kind of				State or foreign country)	12. CITIZEN OF
done during mest o	of werking life, even if retired)		INDUSTRY	THE RESERVE THE PARTY		WHAT COUNTRY
FATHER'S N	IAME	OWI	n home	Baltimor		
				14. MOTHER'S MA	IDEN NAME	
	Liam Stier			Marth	18.	
, no or nnknewn)	ED EVER IN U.S. ARMEL (If yes, give war er date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS St
				Mr Clifto	n Beaumont.19	27 W.Mulberry
18. 421	0.1		CAUSE (OF DEATH		INTERVAL BETWEEN
DISEAS	E OR CONDITION	DIRECTI Y	10			ONSET AND DEATH
(This does	LEADING TO DEAT	TH f duing a	lerz	me. T	The fasia	?
heart failu	re, asthenia, etc. It mea	ns the diseas	e.	orace f	M. W. W. W Let How Cord	***************************************
Injury or	complication which c	aused death	DUE TO			
	ANTECEDENT CAUS	ES	11+	A 1. 18	1. 1/ 11	1/-
DISEASES	CONDITIONS "		(Blacelling	eliable (de	dia - Vaccular p	aslice
RISE TO T	OR CONDITIONS, IN	STATING TH	E DUE TO			
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	IGNIFICANT CONDI			1. 1-		The state of the s
	ISEASE OR CONDITION	10 10 10 10		~~~		
19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
						YES NO
LYING OF	R CONTRIBUTING DEATH	2 is. PLA	ACE OF INJURY (e. g., in farm, factory, street, effice bldg., e	ier 21c. WHERE D	R7 (If in Baltimore City	r, give exact location)
	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F, HOW DID	INJURY OCCUR?	
OURY			WHILE AT NOT WHILE			
		m.	WORK AT WORK		. 1	no 13 .
	y certify that I att			100 13	/	5.7that I last saw th
	live on lug. 3	., 19503,	and that death occur		, from the causes, and on	
23A. SIGNA	D'Curac	Laury	1.0 .	SB. ADDRESS	incloin Village	23c. DATE SIGNED
A. BURIAL, (N. REMOVAL (Ş	CREMA- 24B. DATE	4	24c. NAME OF CEMETER	RY OR CREMATORY	240. LOCATION (City, to)	vn, or county) (State)
Buri	al oct.10	/53	Mt.Olivet C	emetery	Balto. M.	
TE RECEIVE	D BY REGISTRAR	SSIGNATU	IRE"	26. FUNERAL DIR	ECTOR /	ADDRESS
T 9 - 10	Market Street	mor !	The stilling 1829	278	V P. S. 1 - 1 -	ndson Ave.
	1 1 11 11 11 11 11 11 11	7.	1100-00	von Tym	The state of	duson Ave.
VS 150		6.0			U	

8953 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH RTH NO. NAME OF DECEASED 2. DATE SARAH KAT DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore City, Maryland MARYLAND FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give STITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mirate NORFOLK AVE. Length of stay in Baltimore Prince 9. AGE (In years If Under 1 Year last birthday) Months; Days Hours; Min. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE EMALE MARRIED A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? USSIA FATHER'S NAME 14. MOTHER'S MAIDEN NAME VORINSKI WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS no or unknown) SECURITY NO. 2.809 NURFOLKA No INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., W CHRONIC CONGESTIVE STEART heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-PULMONARY TUBERCULOSIS TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED URY NOT WHILE 22. I hereby certify that I attended the deceased from Oc+. 195 30 GCF- A . 195 3 that I last saw the deceased alive on UCT. 8 195 and that death occurred at 11 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED BURIAL, CREMA-AODRESS TE RECEIVED BY REGISTRAR'S SIGNATURE VS 150



e.l.5.6370 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH RTH NO NAME OF DECEASED 2. DATE pe or Print) MORTON DEATH PLACE OF DEATH 4. USUAL RESIDENCE (Where deccased lived. If institution : residence Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or TULL NAME OF SPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give STITUTION FRANKLIN SQUARE HOSPITAL township) Laurel Yrs. D. STREET ADDRESS (If rural, give location) Mos. rince George St. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours! Min. MARRIED . USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF dnne during most of warking life, even if retired) INDUSTRY WHAT COUNTRY? HILROAD - RETIRED FATHER'S NAME 14. MOTHER'S MAIDEN NAME BARON PHELPS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT no nr unknown) (If yes, give war nr dates nf service) ADDRESS SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., INSUFICIENCY heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) CIRROSIS OF THE LIVER DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. & LEEDING ESOPHAGEAL VARRICES GASTROINTESTINAL HEMORRAGE 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED AND APERATION ON ESUPHAGUS TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B, PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? JURY NOT WHILE 22. I hereby certify that, I attended the deceased from. , 1953 that I last saw the deceased alive on 18 /8 . 1955, and that death occurred at 4:157 m., from the causes and on the date stated above. 23c. DATE SIGNED FRANKLIN SQUARE HOSP. A. BURIAL, CREMA-N, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) du. TE RECEIVED BY REGISTRAR'S SIGNATURE HUNERAL DIRECTOR 25 CAL REGISTRAR VS 150

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24A. BURIAL, CREMA-TION, REMOVAL (Specify)

248. DATE

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9		~	BAL	TIMORE CITY HE	ALTH DEPA	RTMENT	5	3 8955
Bi	53 _{No.} 89	55		CERTIFICATI	E OF DEA	ТН	Registere	d No
1. (T	NAME OF DE	CEASED Le	ouard	J. Greene			2. DATE OF DEATH	0/8/53,
	PLACE OF DE Baltimore C	ATH: ity, Maryland			4. USUAL RES	IDENCE (W	here deceased lived. B. COUNTY	. If institution : residence before admission
H	FULL NAME COSPITAL OR	OF (If not in hos)	oital or institut	ion, give street address or location)	c. CITY OR TO	WN (If	outside corporate li	mits, write RURAL and giv-
	ISTITUTION	uv of 1	4d H	osp.		lmore		4-01 township
	0		-3	Yrs.	D. STREET ADI		rural, give location)	
		ay in Baltimore		Days.	8. DATE OF BI	ray	9. AGE (In years	I If Under 1 Year If Under 24 Hours
5.	M	6. COLOR OR RAC		E. MARRIED. /ED, DIVORCED (Specify)	9/29/8	J.	last birthday)	Months Days Hours Min.
		UPATION (Give kind		OF BUSINESS OR	11. BIRTHPLAC	E (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
		atchmen	Hot		Hich	102h	. •	USA
13	FATHER'S N	AME			14. MOTHER'S	MAIDEN N	AME	- /
		UNKNOWN			UNKN	OWN	Printer Street or Supplementary and	•
15	S. WAS DECEASE	D EVER IN U.S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN	Т		ADDRESS
(10	s, no or distribute)	(11 3cs, Kive war or u	100 01 801 1100)	SECURITY NO.	Virginia	Daua	60. 14	127 W Balto St
	18.490	Χ .		CAUSE	OF DEATH			INTERVAL BETWEEN
		E OR CONDITION					town I	- / /
	(This does	LEADING TO DE	ATH of dying, e.	A Acu	te Pul	monai	ry Edem	a 24 hrs
	heart failur	e, asthenia, etc. It m complication which	cans the diseas	e,				
		ANTECEDENT CA	USES	106	2 - Pu	ermo	418	
Z	DISFASES	OR CONDITIONS	IF ANY GIVI	(B)				
ATIC	RISE TO TH	HE ABOVE CAUSE (A) STATING T		140 121- 1	101-10	ation.	
CA	ONDERLI	ING CONDITION	LASI.	(C)		• • • • • • • • • • • • • • • • • • • •		
E		11				Latina II		
RT		DEATH BUT NOT		JTING A	ular Fi	1 11	2 +101.	
H	DISEASE OF	CONDITION CAUSE	NG IT.					
AL	19A. DATE OF	FOFERATION	WAS PERFO			PART I	TION WAS RELATED OF DEATH. ENTER OR PART II	YES NO
EDIC	OR CONTRIB	NT WAS UNDERLUTING CAUSE FY MEDICAL EXAMI	OF about	B. PLACE OF INJURY (home, farm, factory, street, office	e. g., in or 21C. Wibldg., etc.) INJURY	HERE DID	(If in Baltimore C	ity, give exact location)
Σ		Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCURR	ED 21F. HC	OW DID IN.	JURY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHI				
					1	953 to 1	10/8- 11	957 that I last saw th
		y certify that I		deceased from				n the date stated above
	23A, SIGNAT	ive on 10 8	, 19.5.2.		23B. ADDRESS	m., jrom t	ne eduses and o	23c. DATE SIGNED
	23A. 51GAA	LIA SIN	UR	ada	1 lha	Hoa	1	10/8/53

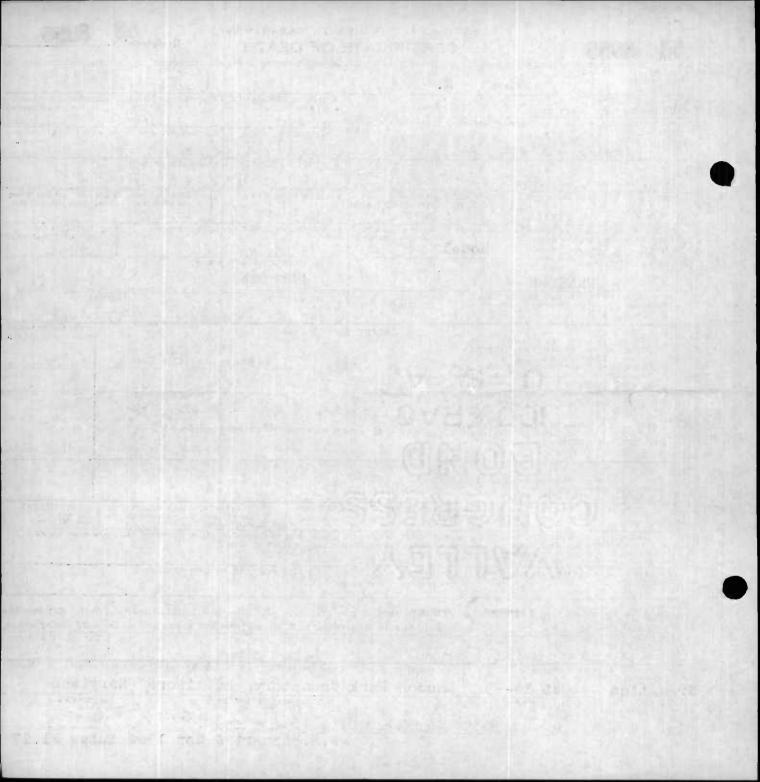
Baltimore Oct 10-53 Lo Crematory Loudon Bark Cremation DATE RECEIVED BY LOCAL REGISTRAR 9-1959 VS 150

M. D.

Eutaw Pl.17 Son 1300

24D. LOCATION (City, town, or county)

Maryland



6	70					
3 85 RTH NO	956 4n 0			EALTH DEPARTME OF DEATH		53 8956 ed No.
NAME OF D	A DEPART	ace	y.		2. DATE OF DEATH	10.4.53
PLACE OF D Baltimore (ULL NAME	City, Maryland 6 (4 UX	Atomeye	4. USUAL RESIDEN		ed. If institution: residence Y before admission)
SPITAL OR STITUTION			Le lorge	c. CITY OR TOWN	(If outside corporate	limits, write RURAL and give township)
	tay in Baltimore	8	Yrs. Mos. Days	604Wa	etermer	er Ct
SEX N	6. COLOR OR RACE	WIDOW	, MARRIED, ED, DIVORCED (Specify)	11/20/83	9. AGE (In year last birthday	
lone during most	CUPATION (Give kind of of working life, even if retired)	10в. KIND	OF BUSINESS OR INDUSTRY	Va.		12. CITIZEN OF WHAT COUNTRY?
FATHER'S N		eph Gra	cey	14. MOTHER'S MAID	es Jones	
was DECEASI no or nnknown)	ED EVER IN U, S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Joseph Grac	ey 604 Walter	ADDRESS meyer Ct.
(This does heart failu injury or DISEASES RISE TO TUNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of the complication which complication is complicated by the complication of th	TH of dying, e. g ns the disease caused death. SES F ANY, GIVIN STATING TH IST.	(B) G DUE TO (C)	is Vasci	elar Ken	of (
TRIBUTING TO THE D	TO THE DEATH, BUT	NOT RELATE	D	ATION		20. AUTOPSY?
	ENT WAS UNDER. R CONTRIBUTING DEATH		CE OF INJURY (e. g., arm, factory, street, office bldg.,			YES NO ity, give exact location)
2 JURY	(Month) (Day) (Year)		HILE AT HOT WHILE WORK AT WARK	ED 21F, HOW DID I	NJURY OCCUR?	
22. I hereb deccased at 23A. SIJIMA A. BURIAL, (S N. REMOVAL (S BURIAL) TE RECEIVE	REMA. 74B. DATE 10/7/5	ended the control of	deceased from and that death occur M. D. 4C. NAME OF CEMETE Mt Auburn	red at 1130 m., f 3B. ADDRESS 10 RV OR CREMATORY	rom the causes and the causes are caused and the cause are caused and the cause are caused and the caused and the caused are caused are caused and the caused are caused and the caused are caused are caused are caused and the caused are caused are caused and the caused are cause	
CAL REGIST		inglow !	Williams H	25. FUNERAL DIREC	. Kelson 13	303 Presstmen St.
VS 150		0		Heo. 14	· Kelso	n

Provide a second of the second . .

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE pe or Print) OF Frank Joseph Zara 4. USUAL RESIDENCE (Where deceased lived, If institution: residence PLACE OF DEATH: Baltimore City, Maryland A. STATE B. COUNTY before admission) TULL NAME OF (If not in hospital or institution, give street address or Maryland SPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give STITUTION township) St. Joseph's Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location Length of stay in Baltimore life Days 3904 Edner Read - 18 6. COLOR OR RACE 7, SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH AGE (in years last birthday) Months: Days Hours: Min. Married White . USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF denduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Direceny man Baltimore, Md. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nus rana WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no or unknown) SECURITY NO. 18. 44 2 X INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Hypertensvie cardio-vascular DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO disease UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? CAUSE OF DEATH IME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 22. I hereby certify that I attended the deceased from Oct. 6 th , 1953, to Oct. 6 th , 1953 that I last saw the deceased alive on Oct. 6, 19 57, and that death occurred at 10:45pm., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED Oct. 6.1953 1400 N. Caroline Street - 13

24C. NAME OF CEMETERY OR CREMATORY /249. LOCATION (City, town, or county) A. BURIAL, CREMA-N. REMOVAL (Specify) 24B. DATE

TE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR CAL REGISTRAR

ADDRESS

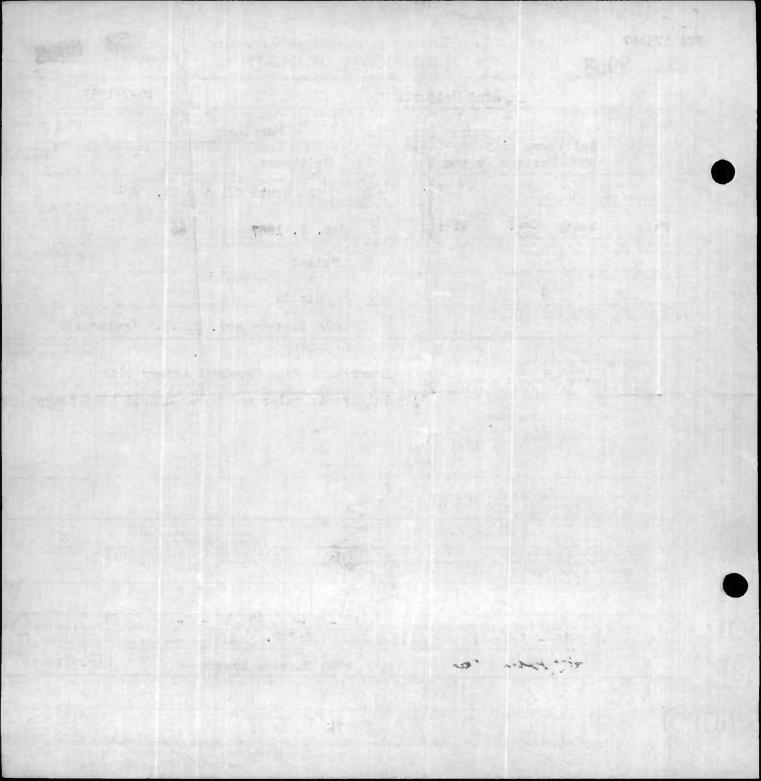
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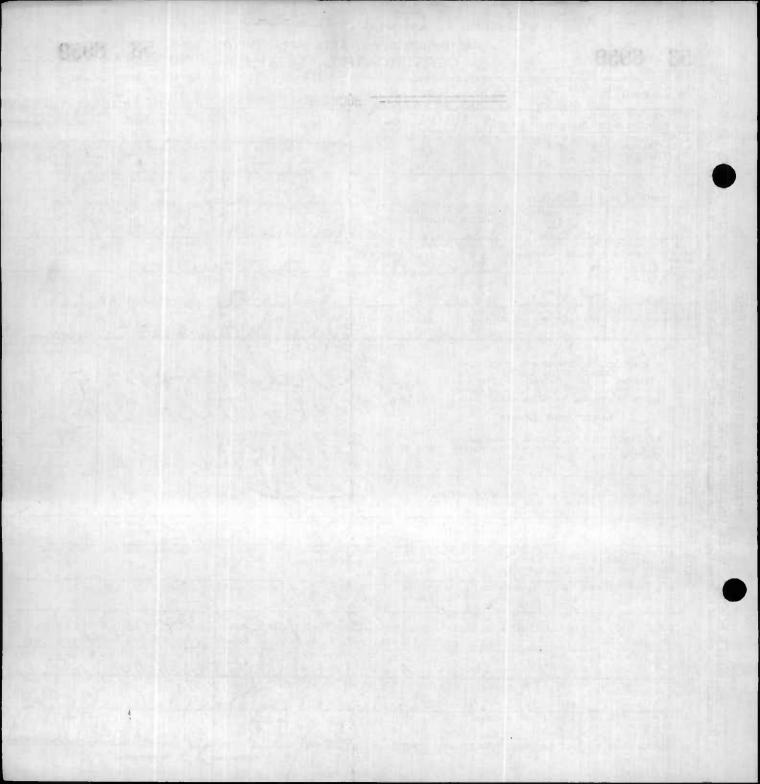
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BALTIMORE CITY HEALTH DEPARTMENT

S3 Registered No. 8958

BIRK	3 NO. 85	558		CERTIFICAT	E OF DEA	TH	Registere	d No.	-00
1. N/	AME OF D	ECEASED	ymond (Prlowski			OF 10-	7-1953	
3. PL	ACE OF D	EATH: City, Maryland			A STATE		here deceased lived B. COUNTY		tion : residence before admission)
B. FU HOSI			ity Ho				outside corporate li	mits, write	e RURAL and give township)
3	-	7770 20000		V ₁₀			rural, give location		
c. Le	ength of s	tay in Baltimore	47	yrs. Mos. Days	1)		ton St. #	24	
5. SE	X Male	6. COLOR OR RACE	7. SINGLE WIDOW	E, MARRIED. (ED, DIVORCED (Specify) LOWED	Feb. ?, 18		9. AGE (In years last birthday)	Months I	Year H Under 24 Hours Days Hours Min.
		CUPATION (Give kind of f working life, even if retired)	IOB, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC		preign country)		ITIZEN OF HAT COUNTRY?
13. F	ATHER'S	IAME			14. MOTHER'S	MAIDEN NA	AME		
		1	II. VOIN		Stella			6	
15. V (Yes, 1)	VAS DECEASI	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		в.с.н. (record	
CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER SIGTO THE	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mean complication which of the complication cause (A) II Consistent conditions DEATH BUT NOT THE CONDITION CAUSING TO CONDITION CAUSING COND	f dying, e. 1 ns the diseas aused death SES F ANY, GIVIN STATING TH ST.	(B)	rhage from	r and. S	4	***********	rrhage
AL.		F OPERATION 1	THE RESERVE THE PERSON NAMED IN	TION FOR WHICH O		IF OPERA	TION WAS RELATEDED OF OBATH, ENTE	19 181	O. AUTOPSY?
00.0	R CONTRIB	ENT WAS UNDERLY BUTING CAUSE OF	about	B. PLACE OF INJURY home, farm, factory, street, office		HERE DID			
2	TO TIME OF INJURY	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	ILE	OW DID INJ	JURY OCCUR?		
0	22. I hereb deceased a 23A. SIGNA		_, 19 53 ,	deceased from 1 and that death occur	0 - 7 - 19 erred at 2:30P.		he causes and o	n the da	t I last saw the te stated above. DATE SIGNED 7-1953
DAT	BURIAL, REMOVAL(S VILU) E RECEIVE AL, REGIST	CREMA- 248. DATE Specify) OCH	0/53	24c. NAME OF CEME	4940 Easter ERY OR CREMATO ANY ASS FUNERAL	RY 2007L	OCATION (City, to	own. or cou	
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UTING [] CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour)

OF INJURY

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE JOSEPH PHILLIPS OF Oct. 5, 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION St. Joseph's Hospital Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. 915 McDonough St. c. Length of stay in Baltimore Days 6. COLOR OR RACE I 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours! Min. WIDOWED, DIVORCED (Specify) Iob. 23, 1929 Male Colored 5111 1e 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, maryland Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME North Phillips Agnes Hill 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Agnes Fhillips 915 McDonough St. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cause undetermined (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.

(C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X DICAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-

autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined [3].

NOT WHILE

AT WORK

21E. INJURY OCCURRED

WORK

23c. DATE SIGNED 23A, SIGNATURE 238, CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER. Oct. 5, 1953 MEDICAL INVESTIGATOR M.D.

21F. HOW DID INJURY OCCUR?

ADDRESS

24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B, DATE TION, REMOVAL (Specify) Oct 53 Baltirore National Baltimore, Meryland Buri al

DATE RECEIVED BY FUNERAL DIRECTOR REGISTBAR'S'SIGNATURE LOCAL REGISTRAR ac

V S 151 ...aryland 9

11/3/53 -- Dr. Fisher, Chief Medical Examiner sent us word by Mr. John Boyle "Working on this case since October, 1953 and nothing can be determined"

3, 8961

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Register 3No. 8961

TH NO.) J.		CLICITI ICATI	OI DEATH		- 00	01
NAME OF D		SIE	GEL		2. DATE OF DEATH	OCTOBER	R 9, A53
PLACE OF D Baltimore (4. USUAL RESIDENCE (Where deceased li B. COUN	ved. If institutio	n : residence efore admission)
FULL NAME		al or instituti	ion, give street address or location)	MARYLAND	16	1: 24 22	TYTE AV 3
STITUTION	Horadal of	Manuel	1	BALTIMORE	If outside corporat	e limits, write R	township)
_utheray	Hospital of	Trary I	Yrs.		f rural, give locati	ion)	
Length of s	tay in Baltimore		Mos. Days	3934 PARI	K HEIGH	TS AV	'E
SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In ye	ars H Under Year (y) Months Day	ys Hours Min.
TALE	CUPATION (Give kind of		RRIED OF BUSINESS OR	11. BIRTHE LACE (State or	foreign country)	L 12 CIT	IZEN OF
done during most	of working life, even if retired)	-	INDUSTRY	Russe		WH.	AT COUNTRY?
FATHER'S	NAME	Educa	Liton,	14. MOTHER'S MAIDEN I			
Have	rey,			Dula			
, was DECEAS	ED BYER IN U. S. ARME.	D FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT	0	ADDRESS	^
				Laroh Re	egel -	Hai	ul
18. 59:	× × 1		CAUSE	OF DEATH	0		RVAL BETWEEN ET AND DEATH
DISEAS	SE OR CONDITION		NOEM	in soulars us	the John	11.	2
heart failt	not mean the mode oure, asthenia, etc. It mes	ans the diseas	e, (A) UKE !!	IA severe w Electrolyte	in deny	daction	3 MO.
injury or	complication which	caused death	DUE TO WILL	= 100molyte	Impara	WILL	time
	ANTECEDENT CAUS	SES	REN	La Disease - to	ine under	ex Mines	Unkwow
	S OR CONDITIONS, I		G Para	ble Glomorula	neakrit	is Chrov	nic
	YING CONDITION L			4.4			3 years
			TIVPE	rtensive her	AT DISE		Time
TRIBUTING	II SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	DEVI	RE ANEN	MIA. Eth	determin	unthown
			FINDINGS OF OPER	ATION		20	AUTOPSY?
4-74		l 21p DI	ACE OF INJURY (e. g., i	or 21c. WHERE DID	(If in Baltimore	City give exac	
LYING OF	PENT WAS UNDER PROPERTY OF THE	about home,	farm, factory, street, office bldg.,		(11 111 2411111010	Oily, give char	
TIME	(Month) (Day) (Year		21E. INJURY OCCURR	ED 21F. HOW DID INJUI	RY OCCUR?		
		m.	WHILE AT NOT WHILE AT WORK		A 1 . A		
22. I heret	y eertify that I at	tended the	deceased from O	ober 2, 1953 to 0	ictober 1,	, 1953, that .	I last saw the
	live on Oct.	, 195	and that death occur	red atm., from	the causes and	d on the date	stated above.
23A. SIGNA	William	AC	ossown	Lutheray Hospita	of Mary		9,1953
BURIAL,	CREMA- 24B. DATE		24 NAME OF CEMETE	RY OR CHEMATORY 24D.	LOCATION (U)		
Viri	al 10-9	-V3	Haltenors	2 Nebrew	B	alto	1nd
ATE RECEIVE	TRAR		RE'11.	5. FUNERAL DIRECTO		ADDRI	ESS DO
UCT 9-	1052 7 Junta	ngran	-inteller of	SICK BOUHAS	L 2100	Orlan	0//

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BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

2969

2 CERTIFICATE	Registered No.					
2 CERTIFICATE	- OI DEATH					
Mr. Charles William And						
H: , Maryland (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY Defore admission)					
4220 White Avenue	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore 2 6 0 1 township)					
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
in Baltimore Days	4220 White Avenue					
COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (ln years last birthday) Months: Days Hours Min.					
PATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
pitol Parks	Baltimore, Maryland U.S.A.					
Ē	14. MOTHER'S MAIDEN NAME					
ederick Andrae	Laura V. Klages					
VER IN U, S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
	Mrs. Ida E. Andrae, 4220 White Ave.					
mean the mode of dying, e. g., sthenia, etc. It means the disease, polication which caused death.) TECEDENT CAUSES R CONDITIONS, IF ANY, GIVING ABOVE CAUSE (A) STATING THE CONDITION LAST. (B) DUE TO DUE TO (C) DUE TO DUE TO DUE TO (C)						
ICANT CONDITIONS CONTRIBUTING ATH BUT NOT RELATED TO THE ONDITION CAUSING IT.						
PERATION 198. CONDITION FOR WHICH OF WAS PERFORMED	PART I OR PART II					
WAS UNDERLYING 21B. PLACE OF INJURY (about home, farm, factory, street, office) MEDICAL EXAMINER)	e. g., in or 21C. WHERE DID (If in Baltimore City, give exact location)					
nth) (Day) (Year) (Hour) 21g. INJURY OCCURRE m. WHILE AT NOT WHIL MORK AJ WORK	LE CONTROL OF THE CON					
ertify that I attended the deceased from	e, 190, to 8, 195 3that I last saw the					
	rred at 10: P: m., from the causes and on the date stated above. 38, ADDRESS 23c. DATE SIGNED					
horofsky M. D. M.D.	4734 Park 1575 are 10/8/53					
MA- 24B DATE 24C. NAME OF CEMETE						
Oct. 10, 1953 Loudon Park	Cometery Baltimore, Maryland					
REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS					

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Deserted to a seriffed from the series and the series and the first of the series of t II-I Friday 601 N. Monroe Street Dr. Sborofsky

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Mr. Janier Miller aver 9

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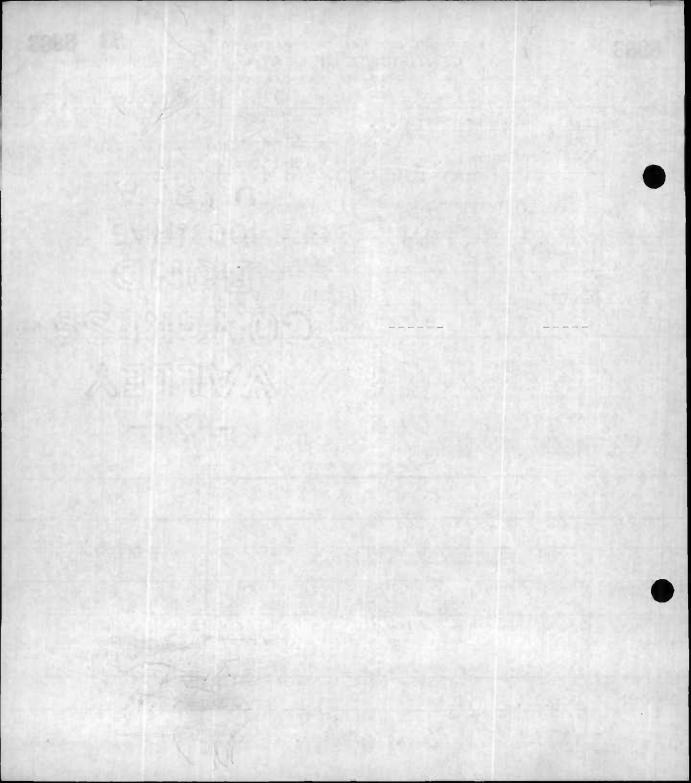
Fore Later All Control of the Later Andrews

- 520 8963

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8963
Registered No.

NAME OF DECEASED 2. DATE vpe or Print) OF Louise Alice James DEATH October 8,53 4. USUAL RESIDENCE (Where deceased lived, If institution; residence PLACE OF DEATH: Baltimore City, Maryland 4104 Northern Pk. B. COUNTY before admission) (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give STITUTION 4104 Northern Pk. township) Baltimore. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 503 Sussex Length of stay in Baltimore Days 6. COLOR OR RACE If Under 1 Year 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months; Days | Hours : Min. WIDOWED, DIVORCED (Specify) WIDOW 82 A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? NONE NONE Chance Md. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Shores Elizebeth WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS , ao or naknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Melvin Harrison 502 Sussex Rd. INTERVAL BETWEEN 422.2 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or) 21c. WHERE DID LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH IME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? AT WORK WORK 30,19 WS 22. I hereby certify that I attended the deceased from 19 3 and that death occurred at deceased alive on 227 om., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 1 W. OVERLEA AVE 4A. BURIAL, CREMA-ON, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) 24B. DATE Burial Oct. 12, Chance Cemetery Chance ATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25 FUNERAL DIRECTOR CAL REGISTRAR Heemann 6067 Harford RD VS 150

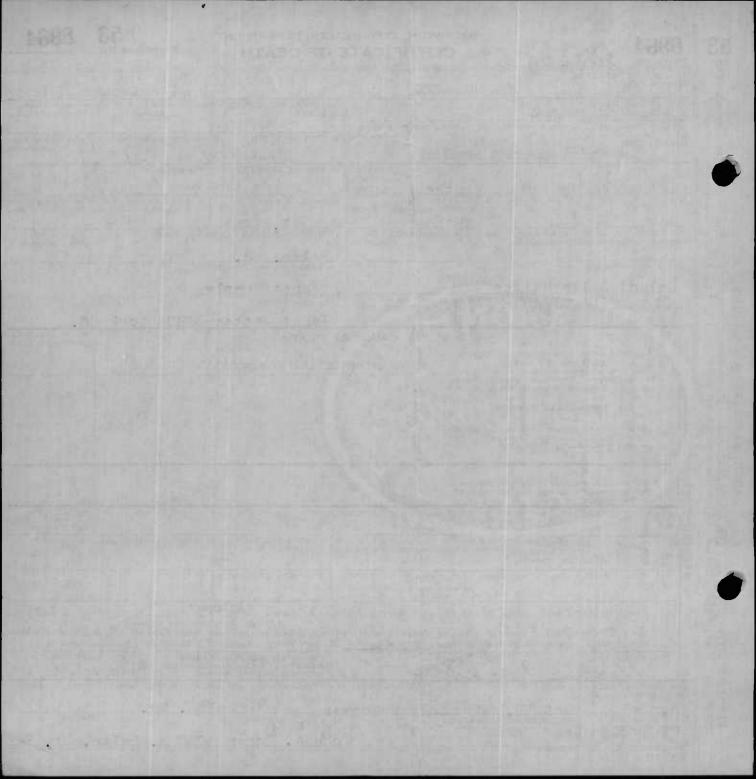


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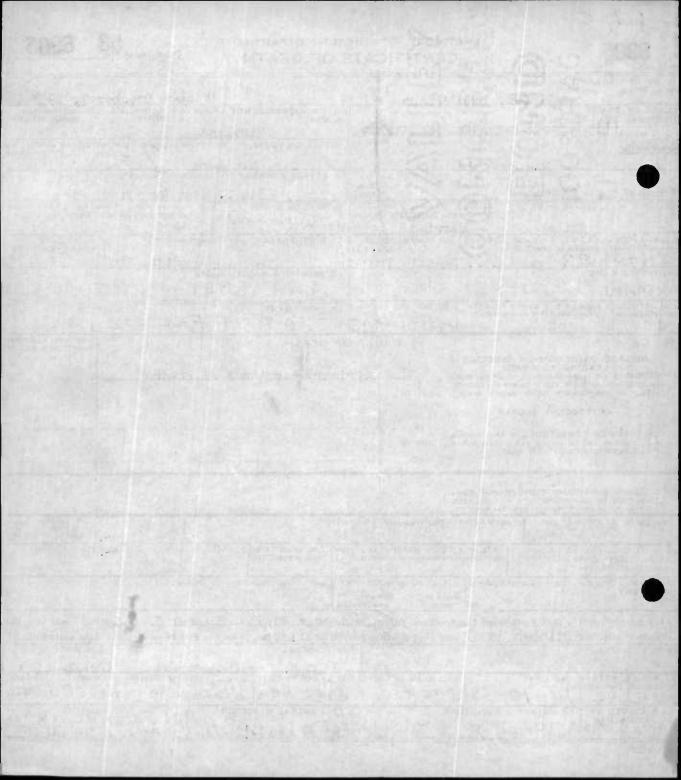
8965
RTH NO.
NAME OF DECEASED TOPE OF Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8965

2. DATE

Zipfel, John Joseph JR?	DEATH October 7. 1953
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence
FULL NAME OF (If not in hospital or institution, give street address or	
SPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RULAD and give
St. Joseph's	Baltimore Lownship)
LIFE Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days	314 S. East Avenue
sex 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married Mar	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired) CHECKER J. P. Breslin Truck	7. h
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN U. ZIPFEL SR.	MARGARET M. REISER
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
NO 1213-01-1578	VERA A, ZIPFEL SAME.
18. 155 X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (A)	rimary carcinoma of liver
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	***************************************
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES NO X
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., ebout home, farm, factory, street, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, give exact location)
21 ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS	ED 21F. HOW DID INJURY OCCUR?
ON WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from Se	otember 24953, to October 7, 19 53that I last saw the
deceased alive on October ,719 53, and that death occu	rred at 12:17pm., from the causes and on the date stated above.
23A. SIGNATURE Pur M. D.	23s. ADDRESS 23c. DATE SIGNED
A. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
	EART CEM 7401 GERMAN HILLRD. MD.
TE RECEIVED BY REGISTRAR'S SIGNATURE CAL REGISTRAR	25. FUNERAL DIRECTOR 901 S. CONKLING ST.
Vs 150	
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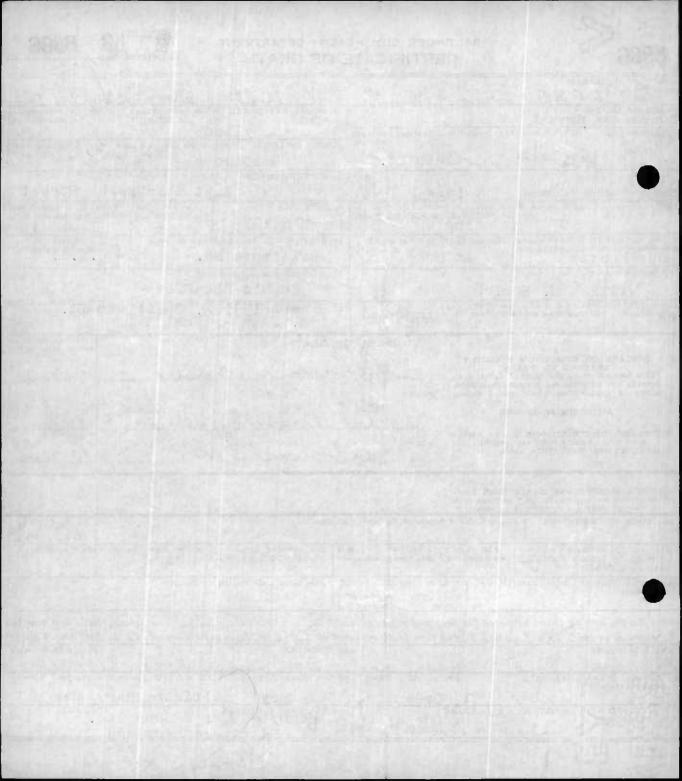
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8966

CERTIFICAT	E OF DEATH Registered No.
NAME OF DECEASED	/ 2. DATE
pe or Print CLABA ELIZABETH	EMBICH DEATH UCK, 7 1953
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
ULL NAME OF (If not in hospital or institution, give street address or	
SPITAL OR location	C. CITTOR TOWN (II outside ede potate lines, write RURAL and give
1930 East Thirtieth St.	Baltimore township)
Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Life Mos. Days	1930 East Thirtieth Street
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year If Under 24 Hours Months Days Hours Min.
W Single	March 8,1875 78
. USUAL OCCUPATION (Givekiod of lone during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Housekeeper At Home	Baltimore Md. U.S.A.COUNTRY?
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Emrich	Sophia Schaffer
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no or unknown) (If yes, give war or dates of service) SECLIBITY NO	17. INFORMANT 1930 E. Thirtiethrest.
NO (If yes, give war or dates of service) NONE NO.	Miss. Emma M. Emrich
18. 443X . CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	Comorans Ildema 2 days.
heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	Deige
(B) Cardy	- Vascular Husertening 10 rem
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	Leurscherseis 10 mans
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER- 218. PLACE OF INJURY (e. g.,	io or 21C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
21 VME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from Addeceased alive on 1.1, 19.53, and that death occu	rred at 7:35 m., from the causes and on the date stated above.
	23B. ADDRESS 23c. DATE SIGNED
Michael & Durch M.D.	4636 (Belain, Boad 10/7/53
A. BURIAL, CREMA- 246 DATE 24C, NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) / (State)
Urial October 9.53 Greenmoun	t Cemetery Baltimore Maryland
TE RECEIVED BY REGISTRAR'S SIGNATURE	
CAL REGISTRAR	denty Sander & Sons Inc.
The state of the s	Baltimore Maryland

VS 150

George Sander

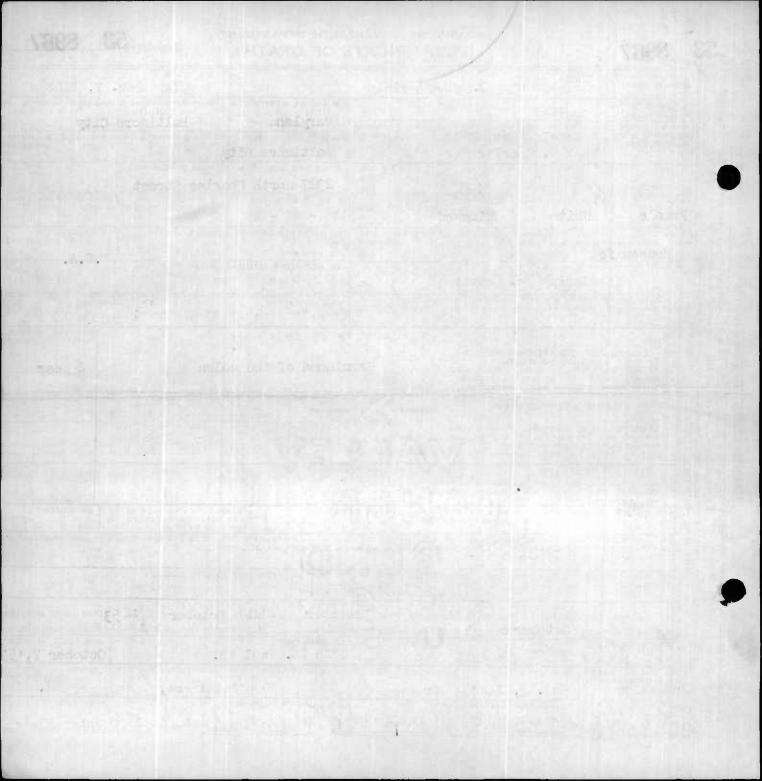


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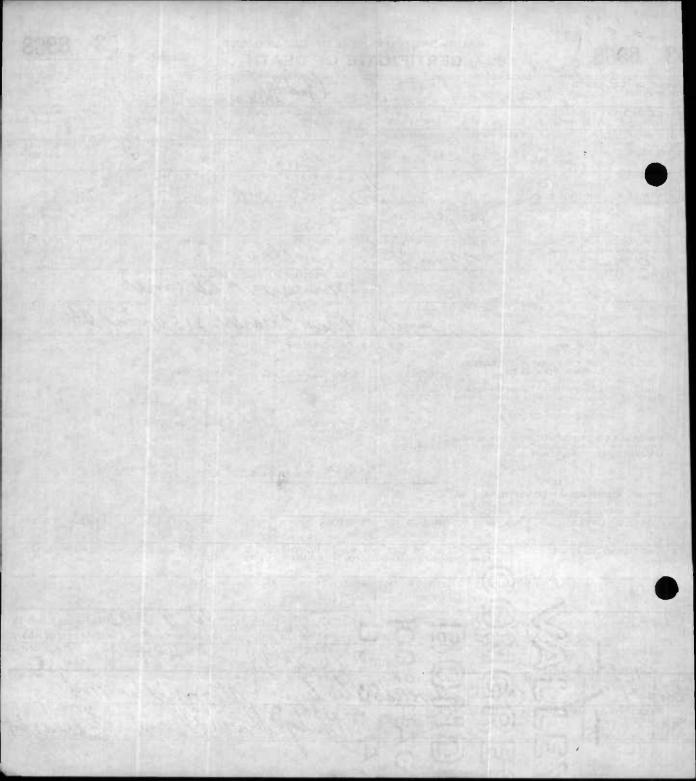
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 8967

BIRTH NO.	TOXTE OF	D=/(111			
1. NAME OF DECEASED	lein	2. DATE OF Oct 7 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 2327 %. Charles St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY Before admission) Baltimore City C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore City D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore 12 Yrs. Mos. Days		2327 North Charles Street			
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDDWED DIVORCE WIDOWED	IZ ·	12 - 27 - 68 184 birthday Months Days Hours M		Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of North done during most of working life, even if retired) Housewife	VDUSTRY	WHAT COUNTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Frederick Wm. Brauns					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECUR	TV NO	FORMANT Lucy Marshal	ll Chamberla	ADDRESS in 808 High St in Bath, fe.	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. CONDITION FOR V	VHICH OPERATION	CAUSE C	TION WAS RELATED OF DEATH, ENTER OR PART II		
OR CONTRIBUTING CAUSE OF about home, farm, factor. DEATH (NOTIFY MEDICAL EXAMINER)	y, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(If in Baltimore Cit	y, give exact location)	
2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK					
22. I hereby certify that I attended the deceased freedeceased alive on October 619 53, and that deceased alive on October 619 53, and that deceased alive on October 619 53, and that deceased freedeceased freedece	ath occurred at 238. AD 3035 GEMETERY OR CO	m., from to DRESS St. Paul St. CREMATORY 240. L	the causes and on	the date stated above. 23c. DATE SIGNED October 7, 153	
LOCAL REGISTRAR A A LALLA	n Mar John	9 Omtehel	V Smolme, 190	00 Eutaw Place	

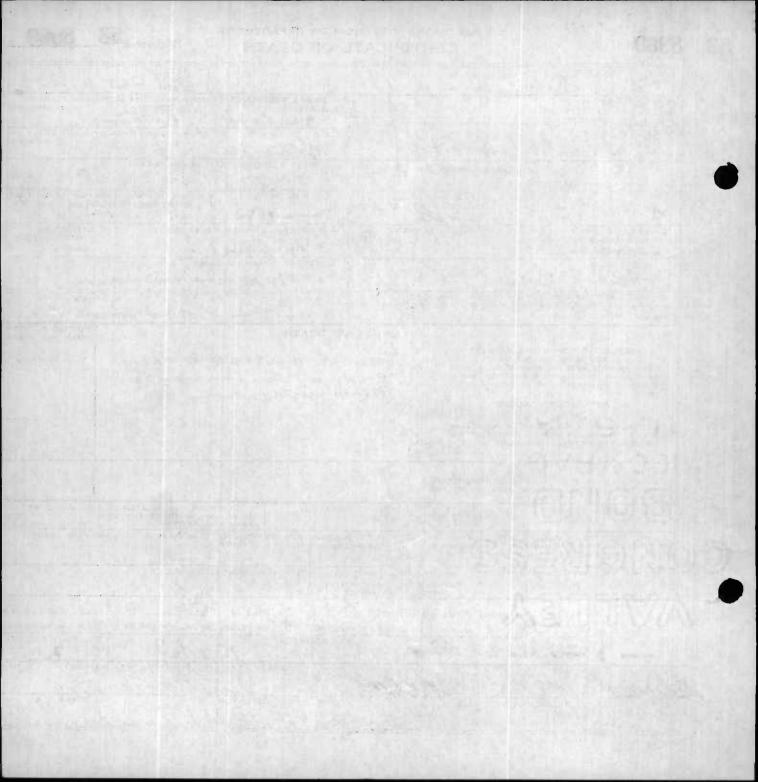


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3 8968 3-247	BALTIMORE CITY HE		Registered No.	8968
NAME OF DECEASED Bab	Girl Sheare	(Judich care)	2. DATE 0F 10/9	53
PLACE OF DEATH: Baltimore City, Maryland	Ballimore	4. USUAL RESIDENCE (W)		Non: residence before admission)
	al or institution, give street address or location)	c. CITY OR TOWN (If a	outside corporate limits, with	RURAL and give township)
Length of stay in Baltimore	3 Days		rural, give location)	
SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	9-5-53	est birthday) Months I	
A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		ITIZEN OF HAT COUNTRY?
FATHER'S NAME	Shearer	margant &	Grimes	
5. WAS DECEASED EVER IN U. S. ARMED (If yes, give was or dates	of service) 16. SOCIAL SECURITY, NO.	Osco Shearer,	215 Apring 6	tt.
18. 756.7	CAUSE	OF DEATH		ITERVAL BETWEEN
DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of	TH of dying, e. g., ns the disease,	yrenous co	lon	
ANTECEDENT CAUS	ses hotes	Linel witer	uno Alim	
DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO	A	1	
	(c) Corre	rend maly	or malur	
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	1		
19a. DATE OF OPERATION 1	9B. MAJOR FINDINGS OF OPER		Eden.	YES NO A
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		f in Baltimore City, give ex	act location)
TIME (Month) (Day) (Year)			OCCUR?	
	m. WHILE AT NOT WHILE		10 9 .58	171-1-11
deceased alive on 109	ended the deceased from _, 19 53 and that death occur	1. [7]	he causes and on the dat	t I last saw the te stated above.
23A. SIGNATURE		2 4122 Money		DATE SIGNED
BENOVAL Specify	0/53 Steveneril	Wems Ste	venssille M.	inty) (State)
ATE RECEIVED BY REGISTRAR	S SIGNATURE	Thurs Sterve	A Sont 6	leans H
VS 150		V	/ Op.	



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RESEF	INK.
MARGIN RESERVED FOR BINDING	LY, WITH UNFADING INK. Every item of informs important. Physicians: please write the causes of dea
	Y, WITH
	H. F

R-200	DAI TIMODE CITY HI	EALTH DEPARTMENT		0000
8969 BIRTH NO.	CERTIFICATI		Registered No.	8 8 8 8 8 8 8
	Hiram a.			6,1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or	in titution who street address or	4. USUAL RESIDENCE (Where deceased lived. If ins	before admission)
HOSPITAL OR INSTITUTION	Hospital		If outside corporate limits, y	
a	Yrs. Mos.	D. STREET ADDRESS (I		B
c. Length of stay in Baltimore 5. SEX 6. COLOR OF RACE 7.	Days SINGLE, MARRIED.	8. DATE OF BIRTH	19. AGE (In years) H Und	ter Year It Under 24 Hours
MC	WIDOWED, DIVORCED (Specify)	Jem 2 1892 11. BIRTHPLACE (State or	last birthday) Month	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of low control of work done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	Virginia		WHAT COUNTRY?
13. FATHER'S NAME WES LEY Ball		14. MOTHER'S MAIDEN	NAME Intrane unti	
15. WAS DECEASED EVEN IN U.S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
No In Ex	CALISE	OF DEATH	, 803 N. OIL	INTERVAL BETWEEN
18. 575 X DISEASE OR CONDITION DIRE	ECTLY			ONSET AND DEATH
(This does not mean the mode of dy heart failure, asthenia, etc. It means th	ing, e. g., (A) OXCA	Ma due to ov	en w nelming	10 orango
injury or complication which cause	d death.) DUE TO ISCA	io rectal abo	eses. O	
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA' UNDERLYING CONDITION LAST.				
U	(C)			
OTHER SIGNIFICANT CONDITIONS COLUMN TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. WAS	CONDITION FOR WHICH OF PERFORMED	CAUSE PART I	RATION WAS RELATED TO OF DEATH, ENTER IN OR PART II	20. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	about home, farm, factory, street, office	(e. g., in or 21C. WHERE DID bldg,,etc.) INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
21D. TIME (Month) (Day) (Year) (Hot OF INJURY	ur) 21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	ILE C		
22. I hereby certify that I attend deceased alive on	953, and that death occu	rred at 7:00 Pm., from	the causes and on the	date stated above.
23A. SIGNATURE James L	. Peral M.D.	238. ADDRESS	. 1 0	23C. DATE SIGNED
DURIAL, CREMA- 24B. DATE	3 THE OF CEMETE	Con Remarky 240.	COLSTAN (City, town, or	46.
DAYE RECEIVED BY REGISTRAR'S S	Str. I links	25. FUNERAL DIRECTOR	Williams &	Schroder St
VS 150	9709	9 7 6 8		



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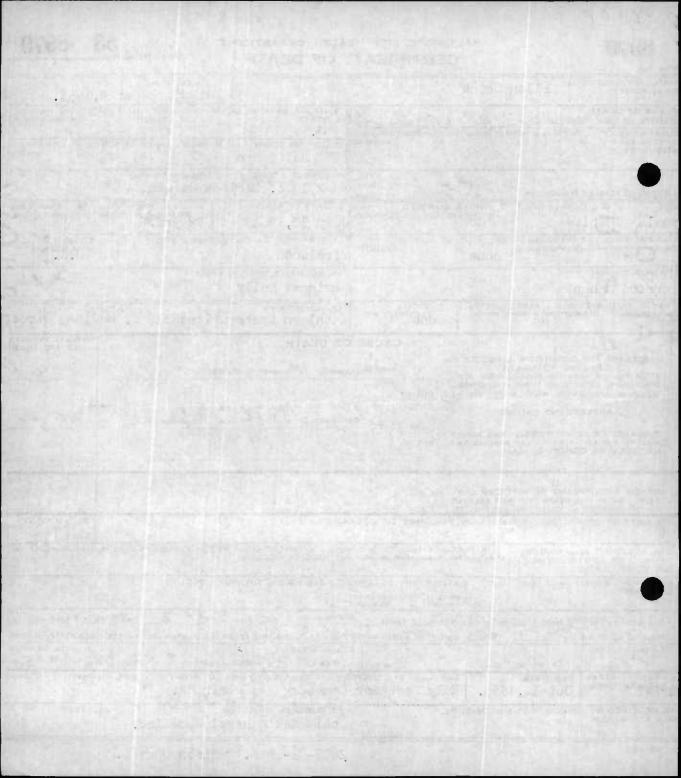
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 8970

CERTIFICATE OF DEATH RTH NO NAME OF DECEASED 2. DATE Ellen Shink pe or Print) OF Oct 8,1953. DEATH PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore City, Maryland 2319 A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Md TULL NAME OF location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give STITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give ecation) Moor 2319 E. Madison Street Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) July 30, 1864 emale white A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHATCOUNTRY INDUSTRY Ireland none none FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bernard Mahon Bridget Kelly WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT
Kathleen Ryder(neice)2319 E. Madison Street 17. INFORMANT CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO I koemic Deffuse Reploites ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 1930 to Oax 8 , 1953, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on Oct 7 1953, and that death occurred at 3 m., from the causes and on the date stated above. 23A-SIGNATURE 23c. DATE SIGNED 23B. ADDRESS Keguese 2005 BURIAL, CREMA 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Holy Redeemer Cemetery Belair Rd. TE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS CAL REGISTRAR Schimunek Funeral Home Inc.

2601-03-05 E. Madison Street.



3-436 8971

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 8971

TITI NO.						
NAME OF Divpe or Print)		REY D.	BALDERSON		2. DATE OF DEATH Oct.	8 1953
PLACE OF DE Baltimore C	City, Maryland	al or institut	ion, give street address or	4. USUAL RESIDENCE (V A. STATE Md.		
SPITAL OR STITUTION	3104 Rockwo		location)	c. CITY OR TOWN (If Baltimore	outside corporate limits	write RUPAL and give township)
			Yrs.	D. STREET ADDRESS (If	rural, give location)	
Length of st	tay in Baltimore		Mos.	3104 Rockwood		
SEX	6. COLOR OR RACE		Days Days	8. DATE OF BIRTH	9. AGE (In years H	
M	185		ED, DIVORCED (Specify)	Oct 7 1000		nths Days Hours Min.
4-7	CUPATION (Give kind of		OF BUSINESS OR	Oct. 7, 1880	preign country)	12, CITIZEN OF
Retire:	fworking life, even if retired)		INDUSTRY			WHAT COUNTRY?
FATHER'S N		Polic	ceman	Virginia 14. MOTHER'S MAIDEN N.	AME	USA
	Villiam Balde D EVER IN U.S. ARMED		16. SOCIAL	Villie Balde		
no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT		DDRESS
No			None	Rev. Roy D. Beld	erson Abo	INTERVAL BETWEEN
(This does heart failwinjury or DISEASES RISE TO THE UNDERLY	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS G OR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LA IGNIFICANT CONDITION TO THE OBATH, BUT ISSEASE OR CONDITION	F H f dying, e. g ns the disease aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	G (B)	nog aterso	elvorse	buraushis?
			FINDINGS OF OPER	ATION		20. AUTOPSY?
	ENT WAS UNDER. R CONTRIBUTING	21B. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID (1 INJURY OCCUR?	If in Baltimore City, g	
OI URY	Month) (Day) (Year)		VHILE AT NOT WHILE	21F. HOW DID INJURY	Y OCCUR?	ata di di
22. I hereb	y certify that I att	ended the	deceased from	8-19 , 1913 to	198 195	that I last saw the
deceased al			and that death occur			e date stated above.
23A. SIGNAT				3B. ADDRESS	- 0	23C DATE SIGNED
ne	epv3Kins	6	м. р.	Y 3 70 Entaw	Ttack	10/1753
A. BURIAL, C	REMA- 24B. DATE		24c, NAME OF CEMETER	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
Burial	10/12/5	3	Loudon Park Ce	am .	Meltimana	Ma
TE RECEIVED		SSIGNATU		Vm. Juhner Director	Sous Inc Be	ADDRESS
VS 150		0	773 9	3		

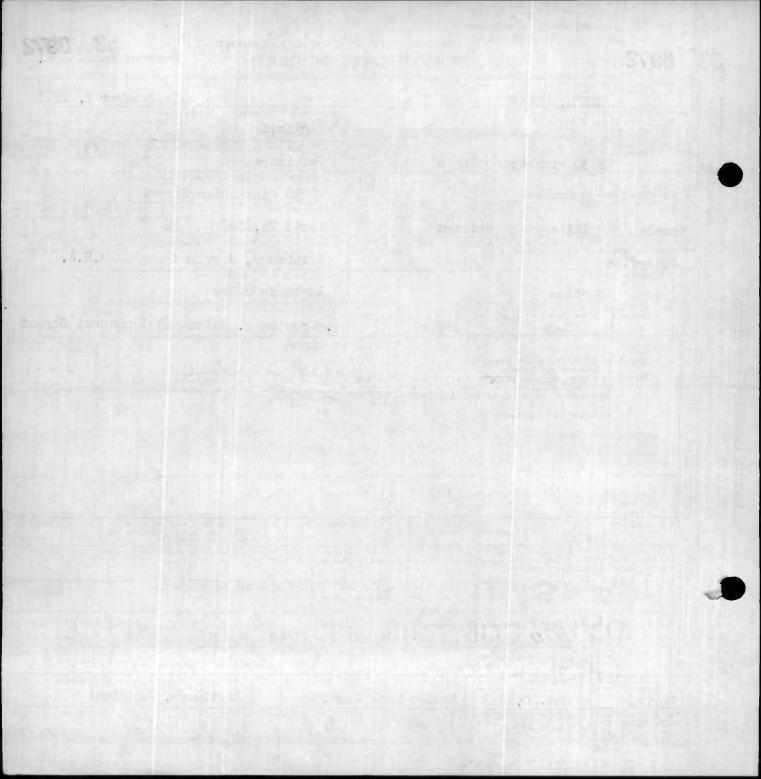
Ī	
	5-53
	8972 BIRTH NO.
	1. NAME OF DECE (Type or Print)
	a. Baltimore City.
	B. FULL NAME OF HOSPITAL OR INSTITUTION
	28
	c. Length of stay
I	Fomple

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8972

Belts. 17, md

BIRTH NO.						
1. NAME OF (Type or Prin	t)				2. DATE OF Octob	7 7002
3. PLACE OF	SMITHE VERIE	TTA	MARTIEN		DEATHUC TOLE ENCE (Where deceased lived, I B. COUNTY	
B. FULL NAN	ME OF (If not in hospita	al or institu	tion, give street address or	^ Mary land	B. COUNTY	before admission)
HOSPITAL O	V		location	C. CITY OR TOWN	(if outside corporate lim	its write bURAL and give township)
0-0	2830 Winches	ter St		Baltimore	10	
a Langth o	f stav in Baltimore		Yrs. Mos.		chester Street	
5. SEX	6. COLOR OR RACE	7. SINGL	Days E. MARRIED.	8. DATE OF BIRTH	I Q AGE (In years)	If Under 1 Year It Under 24 Hours
Female	White	Wido	VED, DIVORCED (Specify) Wed	April 24,	1868 last birthday) 5	fonths Days Hours Min.
10A. USUAL	OCCUPATION (Give kind of ost of working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY		state or foreign country)	12. CITIZEN OF
Housew:	ife	Но		Baltimore	, Maryland	U.S.A. COUNTRY?
13. FATHER				14. MOTHER'S MA		
Joseph 15 WAS DECE	Martien ASED EVER IN U. S. ARMED	FORCES	1.10.0001	Isabella		
(Yes, no or unkno	wn) (11 yas, give war or date	of mervice)	16, SOCIAL SECURITY NO.	17. INFORMANT	M. Smith-518 Lynd	ADDRESS
NO 18. 2, 2	None				m. Omr dr-Dro right	INTERVAL BETWEEN
0/8/	EASE OR CONDITION	DIRECTIV		OF DEATH	0	ONSET AND DEATH
(This d	LEADING TO DEAT	H f dying, e.	e (a)	rebal Han	vonhage	24 kms
heart f	ailure, asthenia, etc. It mea or complication which c	ns the diseas	se,	1 Oz	Ü	***************************************
	ANTECEDENT CAUS	ES	ag	00,20000		
Z			(B)	==###		**********
RISE TO	SES OR CONDITIONS, IN THE ABOVE CAUSE (A) RLYING CONDITION LA	STATING T	NG HE DUE TO			
A DINDER	RETING CONDITION LA	51.	(C)	***************************************		
	П					
	SIGNIFICANT CONDITIONS HE DEATH BUT NOT F			-		
U DISEAS	E OF OPERATION 1		ITION FOR WHICH OF	PERATION	F OPERATION WAS RELATED	TO 20. AUTOPSY?
		AS PERFO			CAUSE OF DEATH, ENTER	
21A. ACC OR CONT	IDENT WAS UNDERLY!		B. PLACE OF INJURY (home, farm, factory, street, office	e. g., in or 21C. WHER	E DID (If in Baltimore Cit;	y, give exact location)
DEATH (NOTIFY MEDICAL EXAMINE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Sidgi, stati, into one in the		
21D TIME OF INJUE	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI		DID INJURY OCCUR?	
		m.	WHILE AT NOT WHILE WORK AT WORK	к		
22. I her	reby certify that I att	ended the	deceased from		\$ to October 7, 193	
deceased		, 19 3 3		rred at 2.10 Am.	from the causes and on	the date stated above.
23A, 51G	Lean (esle	encey M.D.	1201 P	yelar from St	10-8-53
24A. BURIAI TION, REMOVA	CRIMA- 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tow	n, or county) (State)
Buri al		1953	Loudon Park Co		Baltimore, Mary	
DATE RECEI		SSIGNAT	URE LASSIAN MIX	25 FUNERAL DIR	ECTOR M. M	ADDRESS
OCT 9-	1053			Wit & Tickene	i * Sads = Mouth	y finna low
VS 150	1000				7/	low in the



(State)

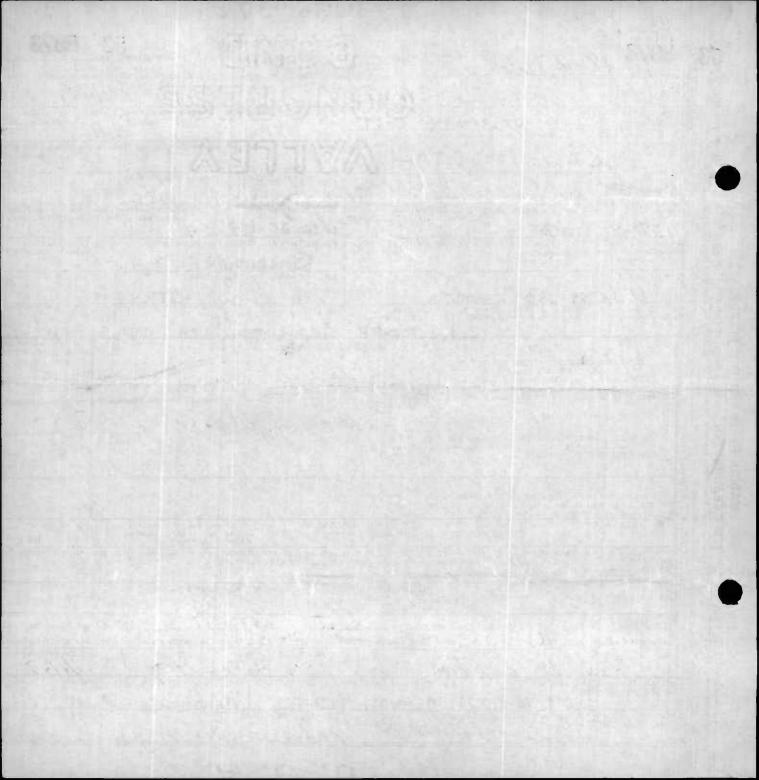
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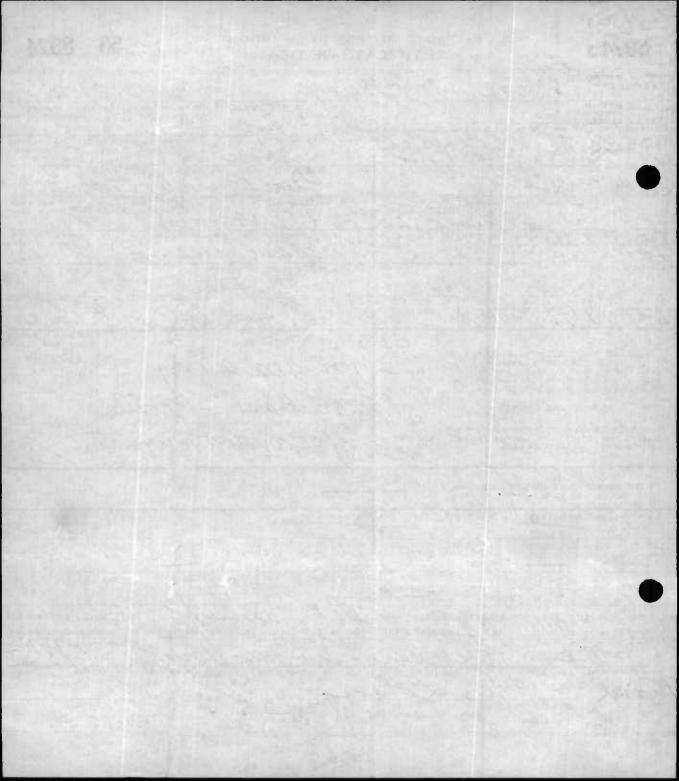
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BALTIMORE CITY HEALTH DEPARTMENT 153 897/4

TH NO.	CERTIFICATI	E OF DEATH	Registered %62	03/4
NAME OF DECEASED			10.0.70	
pe or Print) Crenn	North	up	2. DATE OF DEATH 10/8	153
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If institu	ution: residence before admission)
ULL NAME OF (If not in hospital or instity	tion, give street address or	Chio	B. COOK 11	before admission)
TITUTION IN THE BOOKS TO	eso beation)	C. CITY OR TOWN (If	outside corporate limits, writ	
of man	Dur.	Lisbon		township)
8 -2	Yrs.	D. STREET ADDRESS (If I	rural, give location)	
Length of Stay in Baltimore	Mos. Days	Cauton	hill, 30	7 302
EX 6. COLOR OR RACE 7. SINGE	E. MARRIED	8. DATE OF BIRTH	9. AGE (In years Under	
11)	WED, DIVORCED (Specify)	9/18/1899	last birthday) Months	Days Hours Min.
USUAL OCCUPATION (Give kind of 10B. KIN	D OF BUSINESS OR	17. BIRTHPLACE (State or to	reign country) 12.0	WIKEN OF C
one during most by working tife, even if retired)	INDUSTRY	Klasteria U.		WHAT COUNTRY
FATHER'S NAME	Daru	14. MOTHER'S MAIDEN NA		10,
El	11	ALL D	AME.	
Jeorge Mor	Thugh	- 41a 134	alu	
WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If you, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS
w. 4/ 1911-1918		Carie Morthe	h By 302 XC	100x, C.
18. 11.20.1	CAUSE	OF DEATH		NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				NSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dyling, e.	8., (A) COY	ouam a	len 1	
heart failure, asthenia, etc. It means the dises	ise,			
injury or complication which caused deat	h.) DUE TO	~ /	-11	
ANTECEDENT CAUSES	ran	ourosis.	- acule	
DISEASES OR CONDITIONS, IF ANY, GIVE	(B)			
RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.		uso a cali	20 mida ala	
UNDERLYING CONDITION LAST.	(C)/	7 0000	2 my war	k
		-		
OTHER SIGNIFICANT CONDITIONS CO				
TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING				
	R FINDINGS OF OPER			20. AUTOPSYJ
				YES NO
	ACE OF INJURY (e. g., i	or 21c. WHERE DID (I	f in Baltimore City, give e	
LYING OR CONTRIBUTING about home	, farm, factory, street, office bldg.,	te.) INJURY OCCUR?		
21D_TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
OFURY	WHILE AT NOT WHILE		OCCONT	
m.	WORK AT WORK		212	
22. I haveby certify that I attended the	e deceased from 10	11/ 1955to	0/5 , 19 3the	at I last saw the
deceased alive on 10/8, 1953	and that death occur	red at 45 pm., from th	he, causes and on the da	te stated above
23A SIGNATURE .	20 1 1 8	36 ADDRESS		S. STE SYGNED
as oronau o. u	CURD M. D. L	real steel of	400ps les (0/8/53
BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town, or co	unty) / (State)
Burial 19/53	Lutson	C Kins	Con Ohio	
TE RECEIVED BY REGISTRAR 9 SIGNAT		251 FUNERAL OFRECTOR		DRESS
CT 0 1063	1 thream 1	1 Million K June	15/9.047	7
	2	. ५०. ८४ <i>१८,</i>	1~ / W. Mark	. 47.
VS 150	110	16		
	796	68		



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

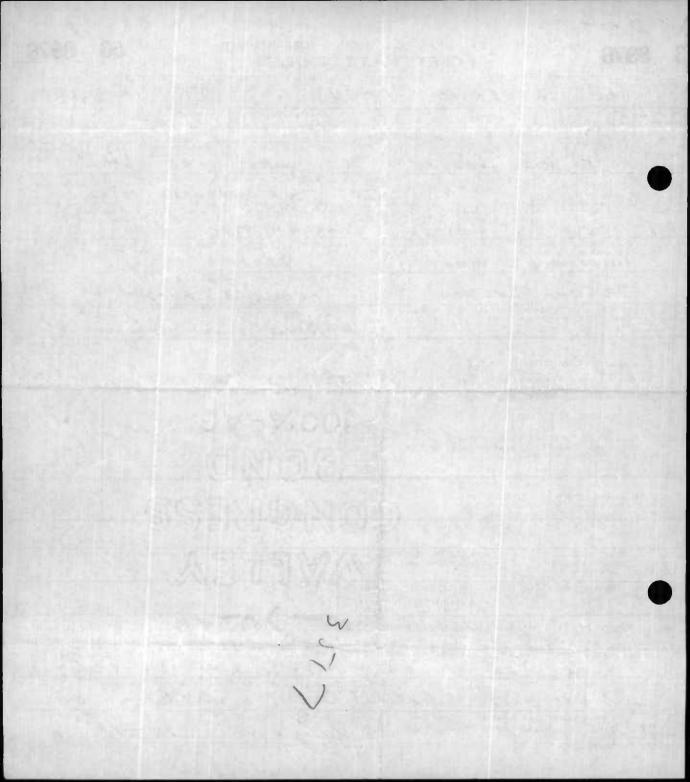
Registered No. 8975

RTH NO.		
NAME OF DECEASED Sola V. Skypt	per 2. DATE OF OF. 8	1953
Baltimore City, Maryland Balto . City	A. USUAL RESIDENCE (Where deceased lived, If institute, STATE B. COUNTY)	ution: residence before admission)
SPITAL OR 206 M. Carrett Glocation)	C. CITY OR TOWN (If outside corporate limits write	AL Ind give
Yrs.	D. STREET ADDRESS (If rural, give location)	• • • • • • • • • • • • • • • • • • •
Length of stay in Baltimore 12 Hears Mos. Days	2205 n. Calvet	St.
F 6. COLOR OR RACE 7. STNCLE, MARRIED. WIDOWED, DIVORCED (Specify)	May 3 1902 9. AGE (In years if Under I last birthday) Months:	
done during most of works and the dead of the control of the contr		TIZEN OF
FATHER'S NAME	14. MOTHER'S MAIDEN NAME) Sa
George W Coombs, Si	margaret Lathe	ut
WAS DECPASED EV (I IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 219-12-8544	Jense Combs 1829 Ed	ss Place
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	JP 13P Δ 1 PI	NTERVAL BETWEEN
DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	t breast c	Co. 2
UNDERLYING CONDITION LAST.	olized melpolasis	296
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	A DAR. A	20. AUTOPSY?
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	a or 21c. WHERE DID (If in Baltimore City, give extends) INJURY OCCUR?	xact location)
21 ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI URY WHILE AT NOT WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	11193	t I last saw the
accorded the on a second court weath occur		DATE SIGNED
A. BURIAL, CREMA- 24B. DATE 24C. DAME OF CEMETER	RY OF CREMATORY 240. LOCATION (City, town, or con	inty) (State)
TE RECEIVED BY CAL REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADD	PRESS Re med

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH RTH NO NAME OF DECEASED 2. DATE ype or Print) CATHERINE ONENS OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence PLACE OF DEATH: B. COUNTY before admission) Baltimore City, Maryland (If not in hospital or institution, give street address or FULL NAME OF SPITAL OR C. CITY OR TOWN (If outside corporate limits, write RUR) Land give STITUTION BALTIMORE 750 EDGEWOOD ST. D. STREET ADDRESS (If rural, give location Yrs. Mos. 7. TO EDGEWOOD Length of stay in Baltimore Days Il Under 1 Year 9. AGE (In years 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) | Months Days Hours | Min. WIDOWED, DIVORCED (Specify) MARCH 18, 1874 MIDIN 11. BIRTHPLACE (State or foreign country) A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? PENN. HOUSEKESPER FATHER'S NAME 14. MOTHER'S MAIDEN NAME DR. WM. GOGGIN CATHERINE b. WAS DECEASED EVER IN U.S. ARMED FORCES?
e, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE AT WORK 22. I hereby certify that Lattended the deceased from 1953, and that death occurred at Am., from the causes and on the date stated above. deceased alive on hoy 6 23A. SIGNATURE 23c. DATE SIGNED IA. BURIAL, CREMA-DN, REMOVAL (Spenify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

25 FUNERAL DIRECTOR

ADDRESS

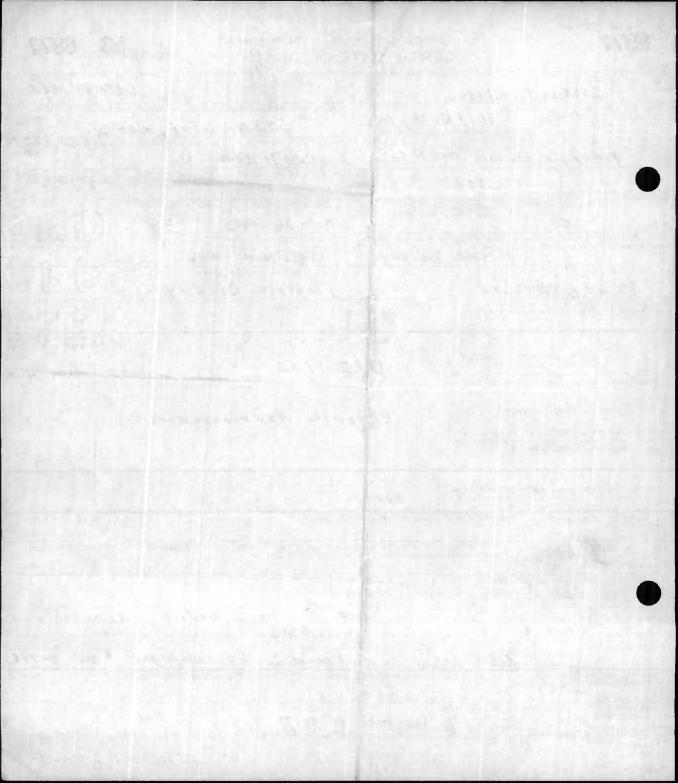


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

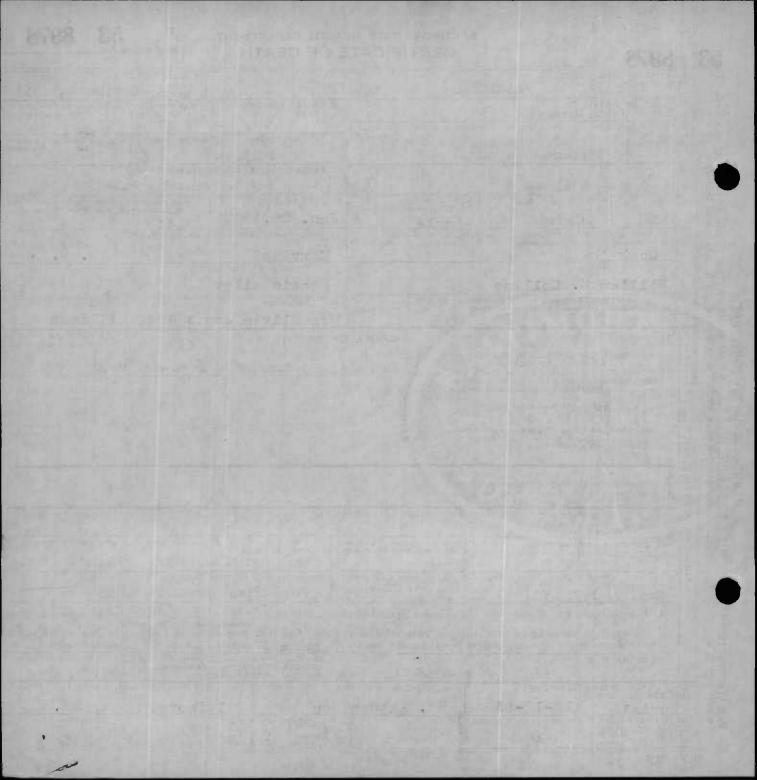
gistered 53 8977

RTH NO.			CERTIFICAT	E OF DEATH	Registered	NS OO F.
NAME OF E	DECEASED				LO DATE	
pe or Print)	GilBer T,	Wi150	N		DEATH	7-8-1953.
Baltimore	City, Maryland	Ba171	More, Md.	4. USUAL RESIDENCE	STYICKEY	institution: residence before admission)
SPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN (I	SITICKET	57.
NOITUTITE	FIONKlin SO.	uare /	Hos Pi Tal	130171 MOTE		ts, write RDRAL and give township)
Length of s	stay in Baltimore	LIFE	Yrs. Mos. Days	o. STREET ADDRESS (If		
sex lo le	6. COLOR OR RACE	7. SINGLI WIDOW	MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH		M Under I Year II Under 24 Hours on the Days Hours Min.
. USUAL OC	CUPATION (Give kind of	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
done during most	of working life, even if retired)	THUCK	Driver INDUSTRY	Baltinore , 7		WHAT COUNTRY?
FATHER'S	NAME			14. MOTHER'S MAIDEN N		
	PNTY Wil.			Florence Bo	1 dley	
mo or unknown)	ED EVER IN U.S. ARMEI (If yes, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
18. 446			CAUSE	OF DEATH		INTERVAL BETWEEN
	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
(This does	LEADING TO DEAT s not mean the mode of	f dying, e. s	., (A) URC	2Mid-	•••••	Dix days.
injury or	are, asthenia, etc. It mea complication which c	ns the diseas aused death	e, .) OUE TO			
	ANTECEDENT CAUS	ES	0.1			
DISFASE	S OR CONDITIONS, II	E ANY CIVIN	(B) CR70	NIC NEFHTOC	selerosis-	
RISE TO 1	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	E OUE TO			
ONDERL	THIS CONDITION EX	51.	(C)		*****	
	11					
	SIGNIFICANT CONDI					- Market Miles
	OF OPERATION 1			ATION		
TOA. DATE	SI OPERATION O	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO
21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING		CE OF INJURY (e. g., in erm, fectory, street, office bldg., e		If in Baltimore City,	give exact location)
	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
OFURY		1	WORK NOT WHILE			
22. I hereb	y certify that I att			1. 2 , 1953, to	set. 8 195	3 that I last saw the
deceased a	live on oct. 8	1983	and that death occur	red at 9.30 a.m., from t	he causes and on t	he date stated above
23A. SIGNA	TURE		1) () 2	3B. ADDRESS		23c. DATE SIGNED
DUBLE	-1.0	ue (7	RCA M.O.	Franklin of.	Hupi Tal	007-8-1983
N. REMOVAL (S		115-3	24c. NAME OF CEMETE	RY OR CREMATORY 4D. L	OCATION (City, town	or county) (State)
TE RECEIVE	D BY REGISTRAR	S SIGNATU	RE	25. FUNERAL DIRECTOR		ADDRESS
CAL REGIST	RAR	一方/	Kar Oliver Mich	2) A 7 A /C	O Rose	1 1
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V3 150	0		68399	168W moi	Macmery	Theel
				Manager and the second	1	0,-

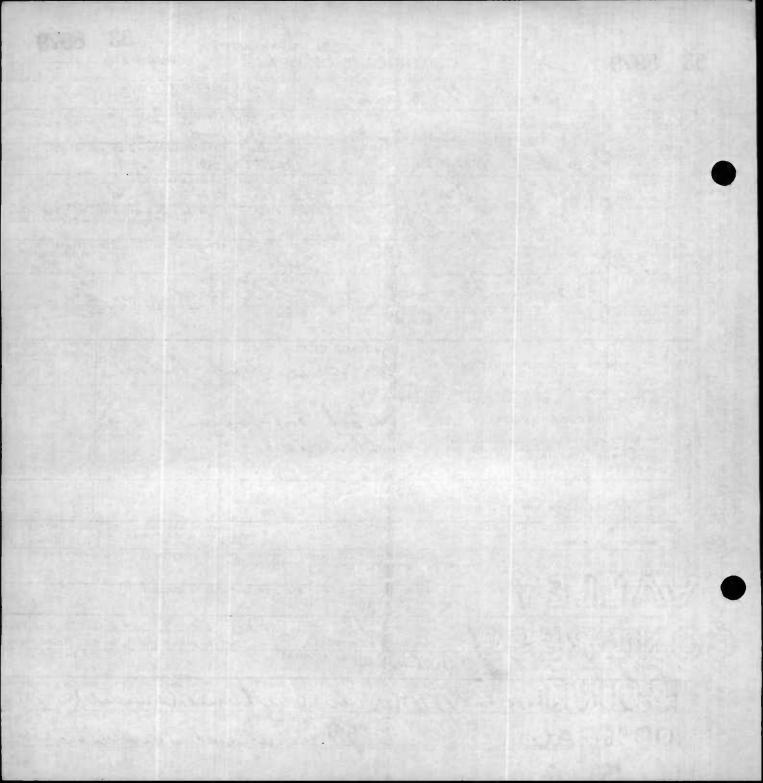


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BIR	2002		BA	CERTIFICAT			Register	53 ed No	8978
1. 1	NAME OF D						2. DATE		
			RGARET	COLI					r 7, 1953
	Baltimore	City, Maryland			4. USUAL RESID		here deceased lived B. COUNTY		tution : residence before admission
	ULL NAME SPITAL OR	OF f not in hospit	al or institut	tion, give street address or location		ryland			3
	TITUTION	17	T 2 - b - o		c. CITY OR TOW			imit, we	ite WURAL and g
		University F	iospi ta	Yrs.	D. STREET ADDR	ltimore			
. 1	anath of a	t D.11:		Mos.			cemont Ave	•	
5. S		tay in Baltimore	7. SINGI	Days E. MARRIED.	8. DATE OF BIRT		9. AGE (In year		1 Year If Under 24 Hor
14	emale	Colored	WIDOV	VED, DIVORCED (Spesify)			last birthday)	Months	Days Hours Mi
		CUPATION (Give kind of	108 KINI	ngle of Business or	11. BIRTHPLACE		46	1 12	CITIZEN OF
ork d	lone during most	of working life, even if retired)	, , , , , , , , , , , , , , , , , , , ,	INDUSTRY			cigir country)		WHAT COUNTR
13.	COOK FATHER'S I	NAME			Maryland		ME		J. S. A
		m H. Collin	200		Bessie 1		IVIE		
15.		ED EVER IN U. S. ARMED	-	I 16. SOCIAL		MILEY			
Yes,	no or unknowu)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT	i - Tam	7646	ADDR	
	18. 💖)				Mrs Oliv	Ia Jon	1040		IMAN ST
TIFICATION	UNDERL	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	STATING T	(C)					
ERT	TRIBUTING	GIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED					
	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION				20. AUTOPSY?
1									YES NO
	21A. EXTERI	NAL CAUSE WAS	about home,	ACE OF INJURY (e. g., i farm,fact <mark>ory,atreet</mark> ,office bidg.,	etc.) INJURY OCC	UR?	in Baltimore Ci		
	UTING []	CAUSE OF DEATH.	S	treet				Frem	ont Avenue
	21b. TIME OF INJURY	(Month) (Day) (Year)	` '	21E. INJURY OCCURR					
_	Oct. 7	, 1953 6:00	₽ •m.	WHILE AT NOT WHILE AT WORK			cruck by b		
	22. I certi	fy that I took char	ge of the	remains described	ibove, held an 11	nspecti	on & Inqu	iry th	ereon and fro
	the eve	idence obtained by eath in my opinion	said Autoresulted	opsy, Inspection or I	Inquiry, find tha	t said dec	nspection or Inqu ceased died on], homicide [the do	ny stated aboutermined [].
	23a. SIGNA	TURE	8x	she.	ASSISTANT M	MEDICAL E		23c. DA	RATE SIGNED
	. BURIAL,		1000	24C. NAME OF CEMETE	.D. MEDICAL IN		CATION (City, to		ounty) (State
TION	i, REMOVAL (S	10-12-	5.3	Mt. Auburn	Cem	Bol+	imore.		Md.
	E RECEIVE	D BY REGISTRAR'S			25. FUNERAL DA		THOIC.	ABI	PRESS AL
LOC	AL REGIST	RAR	11/		Mrs cau	cer C	Hemen	10	iddle
VS	151 j	S N86962	100	To the state of th	546M		1		1



	1433 . BA	LTIMORE CITY HE	EALTH DEPARTM	ENT	53 8979		
	3 8979 BIRTH NO.	CERTIFICATI		n	l No.		
	1. NAME OF DECEASED (Type or Print)	Flemming	2	DEATH	0-7-53		
	3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE Mah	Where deceased lived,	If institution; residence before dimission)		
11	B. FULL NAME OF (If not in hospital or institution Provident	spital location)	C. CITY OF TOWN	(If butside corporate la	mils, write RULAL and give township)		
	c. Length of stay in Baltimore	Yrs. Mos. Days	3/3 W.	(It rural, give location)	st.		
11-	5. SEX 6. COLOR, OR RACE 7. SING WIDO	LE. MARRIED, WED, DIVORCED (Specify)	6 - 14 - 18	99 S. AGE (In years last birthday)	It Under I Year If Under 24 Hours Months Days Hours Min.		
VS	10A. USUAL OCCUPATION (Give kind of tops work done during my of work ling life, even if retired)	ID OF BUSINESS OR INDUSTRY	Balls -	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	13. FATHER'S NAME Such H	emming- 1/4	14. MOTHER'S MAIL	e brekerson	md.		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthonia, etc. It means the dise injury or complication which caused dea	Y Congase, (A)	of DEATH ustine H	ent Failur	INTERVAL BETWEEN ONSET AND DEATH		
	ANTECEDENT CAUSES But tol Insufficiency and						
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
	OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				3		
		DITION FOR WHICH OF	C	OPERATION WAS RELATE AUSE OF DEATH, ENTER ART I OR PART II			
	U 21A. ACCIDENT WAS UNDERLYING 2	IB. PLACE OF INJURY out home, farm, factory, street, office	(e. g., in or 21c. WHERI	E DID (If in Baltimore C	ity, give exact location)		
	2 1D TIME (Month) (Day) (Year) (Hour) OF INJURY m.	2 IE. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR		OLD INJURY OCCUR?			
	deceased alive on 0 - 7 19	e deceased from and that death occu	0-2 1957	from the causes and α	955, that I last saw then the date stated above		
	231. SIGNATURE TYPE MB. / 4	, coperation	V		23c. DATE SIGNED		
	24A BURIAL, CREMA 24B. DATE TION REMOVAL (Specify 10-10-3	mt. (alu	en lage	in LOCATION (City, to	own, or county (State)		
	DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR	13.0 0 N	Martial	Cecal House	why Biddle		
	Vs 150	784	99		1		

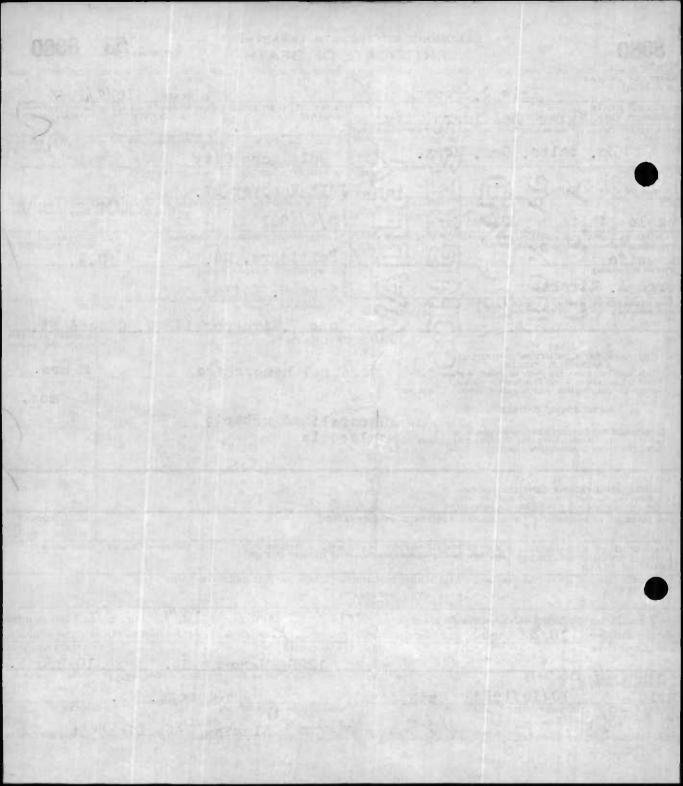


F-220 8980 RTH NO.

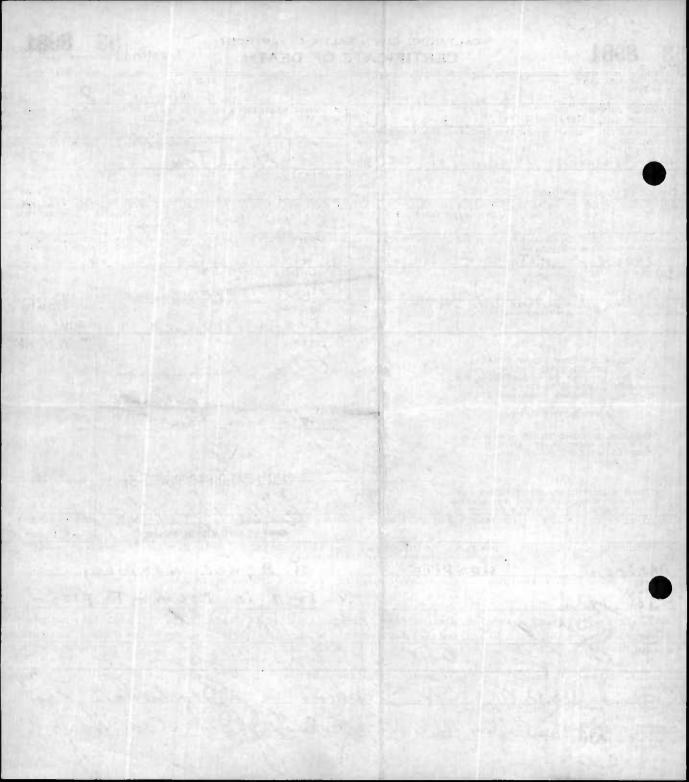
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 83 8980

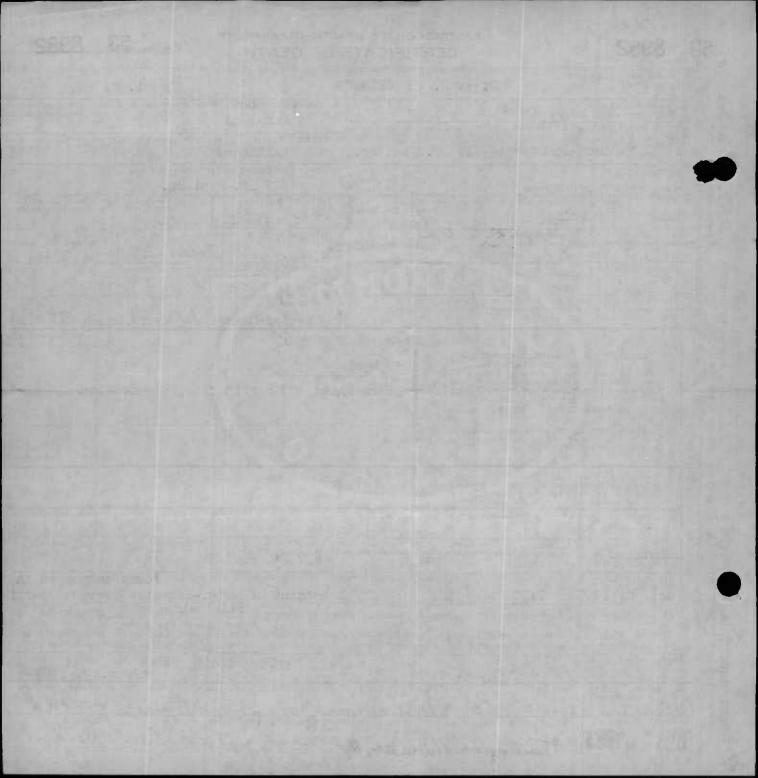
CITA NO.		
NAME OF DECEASED pe or Print) Iris J. Fousek	2. DATE OF DEATH	10/7/1953
PLACE OF DEATH: Baltimore City, Maryland Baltimore City FULL NAME OF (If not in hospital or institution, give street add		
	ocation) C. CITY OR TOWN (If outside corporate	nmits, write RURA), and give to mship)
	Yrs. D. STREET ADDRESS (If rural, give location	
Length of stay in Baltimore Life	Mos.	** y
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in year	rs If Under 1 Year If Under 24 Hours
emale White Married	3/6/1921 32) Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS done during most of working life, even if retired)	OR 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
usewife	Baltimore, Md.	U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
orge A. Kirchner	Rose V. Dailey	
WAS DECEASED EVER IN U. S. ARMED FORCES? BE OF UNKNOWN) (If yes, give war or dates of service) 16. SOCIAL SECURITY	NO. 17, INFORMANT	ADDRESS
	Rose V Kirchner 103 W	Ostend St.
DISEASE OR CONDITION DIRECTLY	USE OF DEATH	onset and death
(This does not mean the mode of dying, e.g., (A)	Cerebral hemorrhage	
ANTECEDENT CAUSES		8 mos.
ANTECEDENT CAUSES	Generalized arterio	?
	sclerosis	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, off CAUSE OF DEATH		City, give exact location)
21 SIME (Month) (Day) (Year) (Hour) 21E, INJURY OF	CCURRED 21F. HOW DID INJURY OCCUR?	
WHILE AT NO	OT WHILE	
22. I hereby certify that I attended the deceased from	n = 2/16/ , 1953, to $10/7/$	19 53 that I last saw th
deceased alive on 10/3/, 1953, and that death		
23A SIGNATURE / CO	23B. ADDRESS	23c. DATE SIGNED
	1226 Hanover St.	10/8/5 3.
N, REMOVAL (Specify)	CEMETERY OR CREMATORY 24D. LOCATION (City,	town, or county) (State)
urial IO/IO/I953 Catheda	ral Baltimore.	
TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR. Flynn & Fleming I426 I	ADDRESS
VS 150	The state of the s	2811 27



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH IRTH NO NAME OF DECEASED 2. DATE Type or Print) OF mi DEATH . PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence . Baltimore City, Maryland A. STATE B. COUNTY , before admission) (If not in hospital or institution, give street address or FULL NAME OF OSPITAL OR location) If outside corporate limits, write HURAL and give NSTITUTION township) D. STREET ADDRESS Yrs. (If rural, give location) Mos. . Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | If Under 1 Year | If Under 24 Hours | last birthday) | Months Days | Hours Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) OA. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF k done during most of working life, even if retired) INDUSTRY WHAT COUNTRY W.S. Pacher -3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5. WAS DECEASED EVER IN U. S. ARMED FORCES?
es, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? HOSPITEI HelitenI TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY 100m - 10 1953 to Oct. 2 22. I hereby certify that I stended the deceased from_ deceased alive on VCF. and that death occurred at & :/ San., from the causes and on the date stated above. 1953 23c. DATE SIGNED BURIAL, CREMA- 84B. OR CREMATORY RECEIVED BY OCAL REGISTRAR VS 150 N \$ 20.0



RESERVED



© W-160 53 8983

NAME OF DECEASED

PLACE OF DEATH:

(ype or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Minnie B. WEAVER

egistered No. 8983

10-8-1953

2. DATE

OF

DEATH

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or lenkins OSPITAL OR Jenkins memorial Hospital of outside corporate limits, write BURAS Yrs. D. STREET ADDRESS Mos. Length of stay in Baltimore 9. AGE (In years | Muser I Year | H Under 24 Hours | Months Days | Hours Min. Days 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) WIDOWED USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF k done during most of working life, even if retired) PITTS BURG / Penna B. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dennies unknown WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL 17. INFORMANT Mr. Searge WEAVER - 1925 ME HEnry Shr. SECURITY NO. Baltimore 16. Md. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Congestive heart failure LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) B. Senile Cachexia ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Senile dementia OTHER SIGNIFICANT CONDITIONS CON-Rhenmatoid arthritis TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? IME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 1953 to 10-7-1953, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 10-7-1953 and that death occurred at 1035pm., from the causes and on the date stated above. 23c. DATE SIGNED ADDRESS REGISTRAR'S SIGNATURE VS 150

A CONTRACT OF THE PARTY OF THE

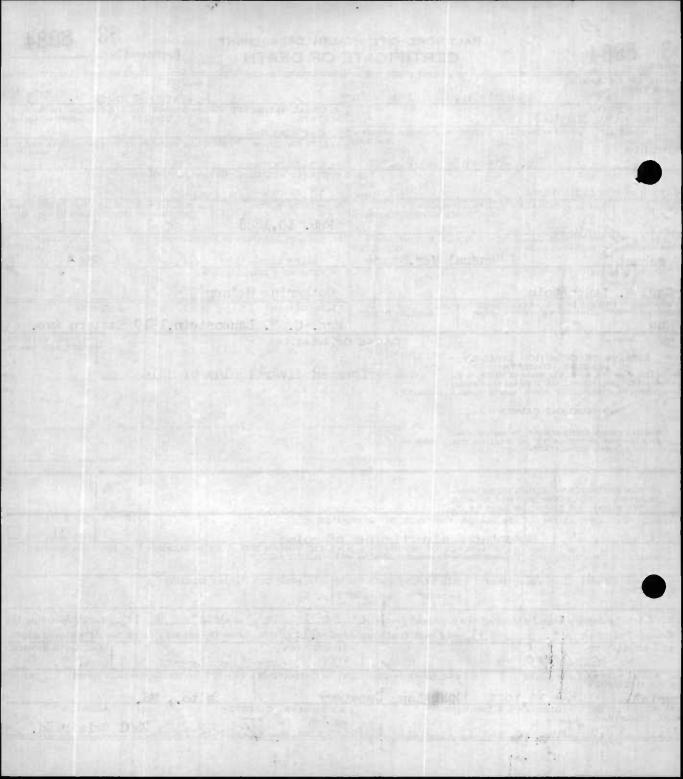
8984 RTH NO.

NAME OF DECEASED ype or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

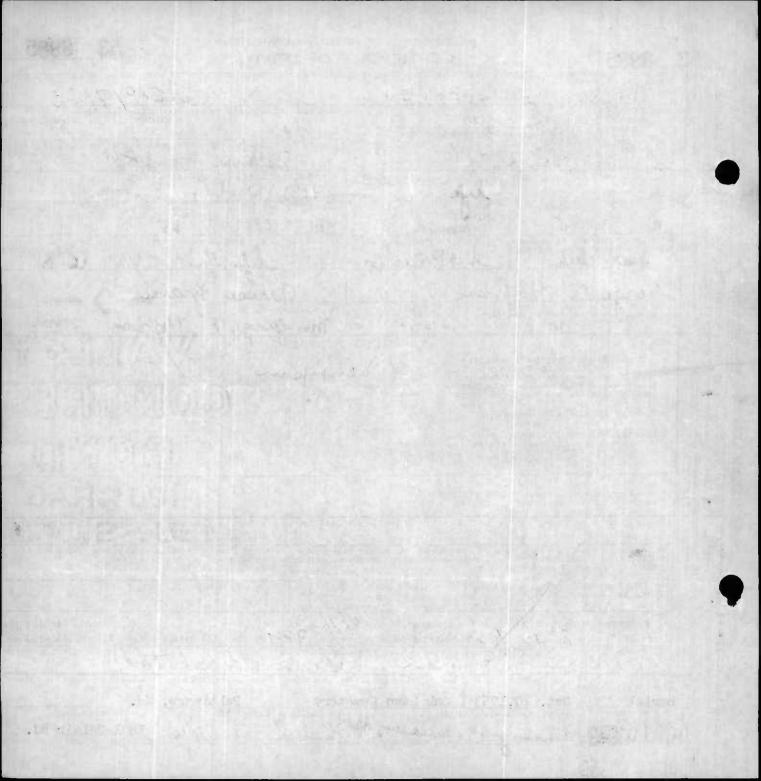
53 8984 Registered No_

NAME OF D	ECEASED				2. DATE		
ype or Print)	Laue	enstein	, Charles Henr	y	OF -	tober 9, 1953	
PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDE	NCE (Where deceased lived, B. COUNTY		
FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland	(***		
STITUTION				c. CITY OR TOWN	(If outside corporate lin	nits, write RVRAL and give township)	
-	St.	Joseph	's Hospital	Baltimore	SS (16 more) sime to time		
T an other of a	A 10 - 14 1		Yrs. Mos.	D. STREET ADDRE			
SEX	tay in Baltimore	7 SINGLE	Days E. MARRIED.	1519 East	ern Avenue	If Under 1 Year If Under 24 Hours	
		WIDOW	ED, DIVORCED (Specify)		last birthday)		
Male A. USUAL OC	White CUPATION (Glvekind of	Married 108. KIND OF BUSINESS OR		Feb. 10,188	tate or foreign country)	1 12. CITIZEN OF	
done during most	of working life, even if retired)		INDUSTRY		and of foldigh country)	WHAT COUNTRY?	
Merchant General Mer.Store				Maryland	IDEN NAME	USA	
	Carl H. Lauenstein . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL				Catherine Meiner		
, no or unknown)	(If yes, give war or date		SECURITY NO.	17. INFORMANT	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ADDRESS	
no					Lauenstein, 1519		
18. 572			CAUSE	OF DEATH		INTERVAL BETWEEN	
	E OR CONDITION LEADING TO DEAT	TH					
(This does heart failu	not mean the mode ore, asthenia, etc. It men	f dying, e. g ns the diseas	(A)Perio	rated_diverti	iculum of colon	h100 040 • 5 am. • • • • • • • • • • • • • • • • • • •	
injury or	complication which c	aused death	.) DUE TO				
	ANTECEDENT CAUS	ES					
DISEASES OR CONDITIONS, IF ANY, GIVING							
RISE TO T	HE ABOVE CAUSE (A)	STATING TH					
			(C)	***************************************			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED							
	ISEASE OR CONDITION	CAUSING I	т				
19A. DATE C		9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
October			Ldiverticulum		ID (If in Politiman City	YES A NO	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
CAUSE OF		(Hour)	OLE IN HUBY OCCUPE	ED ALT HOW DID	IN HIDY COCHES		
ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED URY WHILE			ED 21F, HOW DID INJURY OCCUR?				
		m.	WHILE AT WORK				
					3 to October 9, 19.		
		_, 19.53		red at 1:128 m.,	from the causes and on		
23A. SIGNA	2/2 /000		23c. DATE SIGNED				
A BURIAL	107	2		1400 N. Caro	Line Street 24b. LOCATION (City, tov	Oct. 9, 1953 vn, or county) (State)	
	PENA 248. DATE					in or country (blace)	
ourial	Oct.13.1		Oak Lawn Ceme	25. FUNERAL DIRE	Balto, Md.	ADDRESS	
CAL REGIST	RAR	STOWN C	731.63	0000			
CT 101	153 Tunbung	nove by	di sinte Mar	Jarrehuv	timed Home 140	l Belair Rd.	
VS 150	0			CALA			



AGE (In years) If Under I Year last birthday) Months Days Hours Min. 12. CITIZEN OF ADDRESS Jam INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO 20 AUTOPSY CAUSE OF DEATH, ENTER IN 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) _, 19___, that I last saw the 1/1953, and that death occurred at 9 32m. from the causes and on the date stated above, 23c. DATE SIGNED 24D. LOCATION (City, town, or county) Baltimore, Md ADDRESS were House 7401 Belair Rd. VS 150

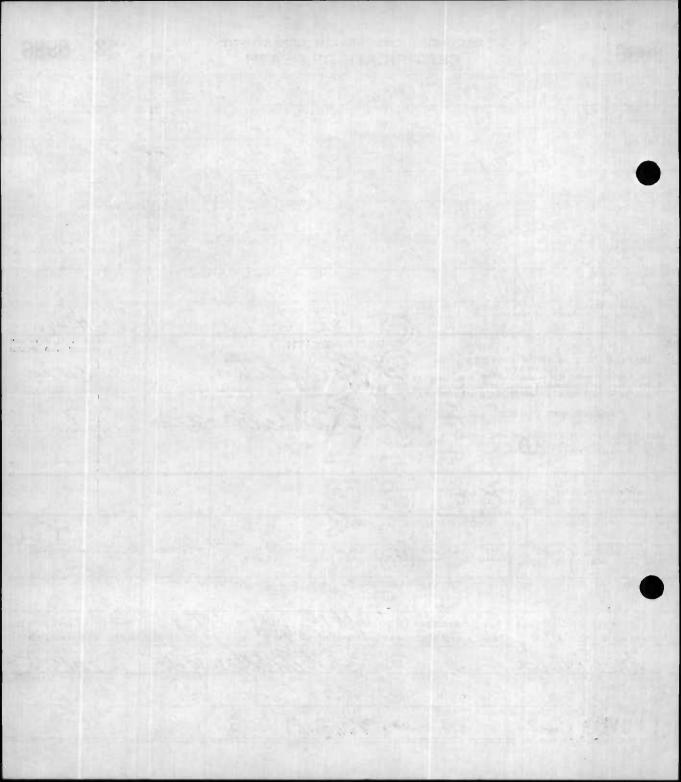
before admission)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 3 8986

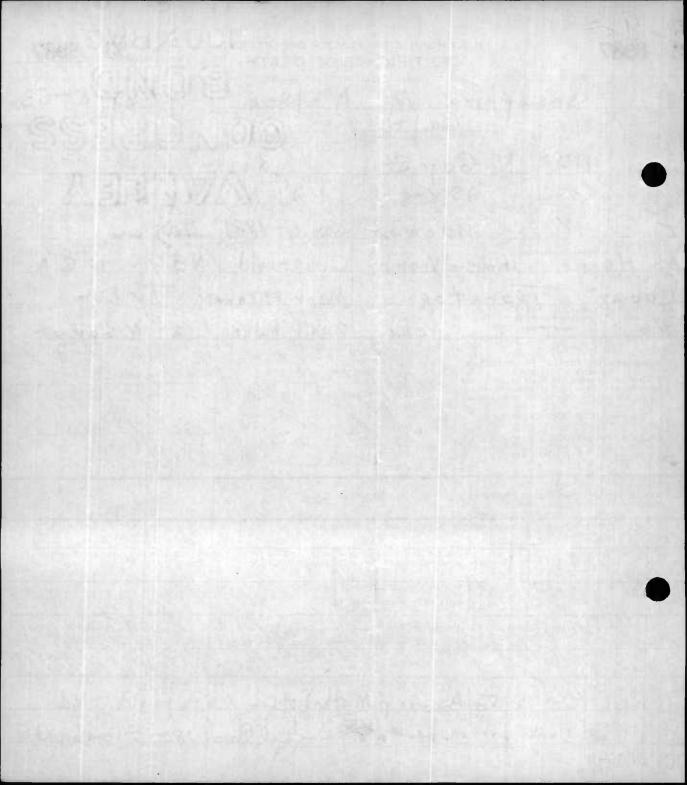
IAME OF DECEASED							
NAME OF DECEASED JOHN J. MUK	2.PHY 2. DATE OCT-9-1953						
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)						
ULL NAME OF (If not in hospital or institution, give street address or	1100						
TITUTION O //- Al Paris	C. CITY OR TOWN (If outside corporate limits, write RUBAL and give						
X40 14. 14/10W 21	BALTIMONE TO Chownship)						
Yrs.	D. STREET ADDRESS (If rural, give location)						
Length of stay in Baltimore Mos. Days	240 R. PAYSON SI						
ALC WHITE WIDOWED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min.						
USUAL OCCUPATION (Give kind of OBE KIND OF BUSINESS OR One during most of working life, even if retired) B-O. RRINDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
MICHAEL MURPHY	BRODEVICIE						
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS , /)						
no or unknown) (If yes, give war or dates of service) 7 SECURITY NO.	MRS. ChAIRE JACOBS. 240 M. AYSON						
18. 1/ 5 6 1 CAUSE (OF DEATH						
40060	ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ocardities 3 who						
(This does not mean the mode of dying, e.g.,	otaracio 3000						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES	erioselerosis 7						
DISEASES OR CONDITIONS, IF ANY, GIVING							
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?						
	YES NO						
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LYINGT) OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
CAUSE OF DEATH							
ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?						
m. WHILE AT NOT WHILE							
22. I hereby certify that Lattended the deceased from sept 15, 1953 to 10/9, 1953 that I last saw the							
deceased alive on 10/8, 1943, and that death occurred at 3.45 m., from the causes and on the date stated above.							
23A. SIGNATURE COLLEGIS M. D. 33 10 1 1 1 1 1 2 2 3C. DATE SIGNED							
BURIAL CREMA-1 24B. DATE . 124C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)							
FIREMOVAL (Specify) 10-12-53 New CAThe dry (Ceny 4300 old Rederick &d-form) Med							
TE RECEIVED BY I REGISTRAR'S SIGNATURE 125. FUNERAL DIRECTOR / ADDRESS.							
CAL REGISTRAR'S SIGNATURE	510 0 6 18 · · · /4 · // // /						
CI 10 1573 Tundery	MOMAS DE KONNY INC. 1000 Hollins I-						
VS 150							



BALTIMORE CITY HEALTH DEPARTMENT

Registered No

CERTIFICATE OF DEATH RTH NO NAME OF DECEASED 2. DATE ype or Print) OF PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence Baltimore City, Maryland B. COUNTY A. STATE FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location) C. CITY OR T (If outside corporate limits, write BURAL and give STITUTION township) (If rural, give location Yrs. ADDRESS Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE In years 7. SINGLE If Under I Year last birthday) Months Days Hours Min. 100 A. USUAL OCCUPATION (Give kind of ACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) INDUSTRY S.A. 16. SOCIAL WAS DECEASED EVER IN U. S. ARMED FORCES? no nr unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE 260 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (6) 2 heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE-OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from. that I last saw the deceased alive on 19 and that death occurred at from the causes and on the date stated above. 23A SIGNATORE ADDRESS 23c. DATE SIGNED M. D N. REMOVAL (Specify) RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS

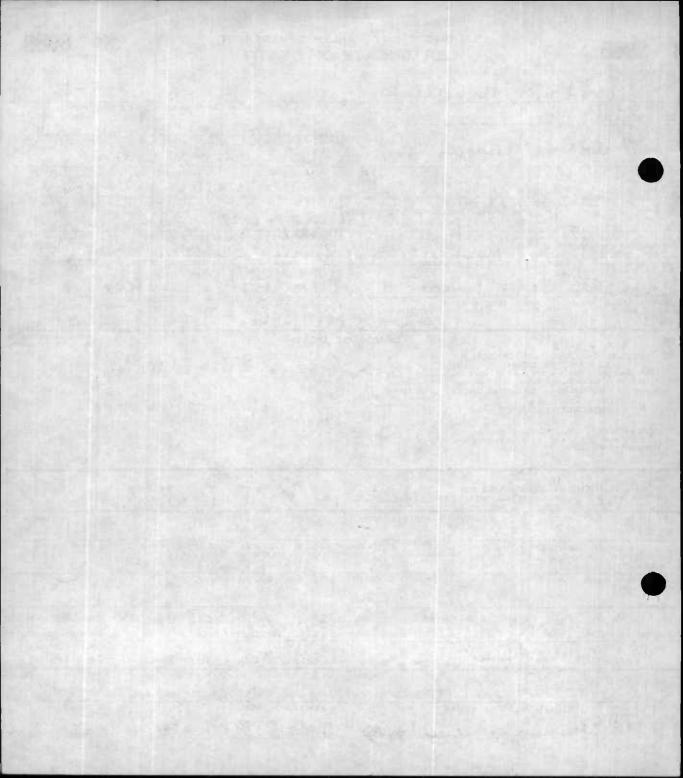


3-200

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No 8988

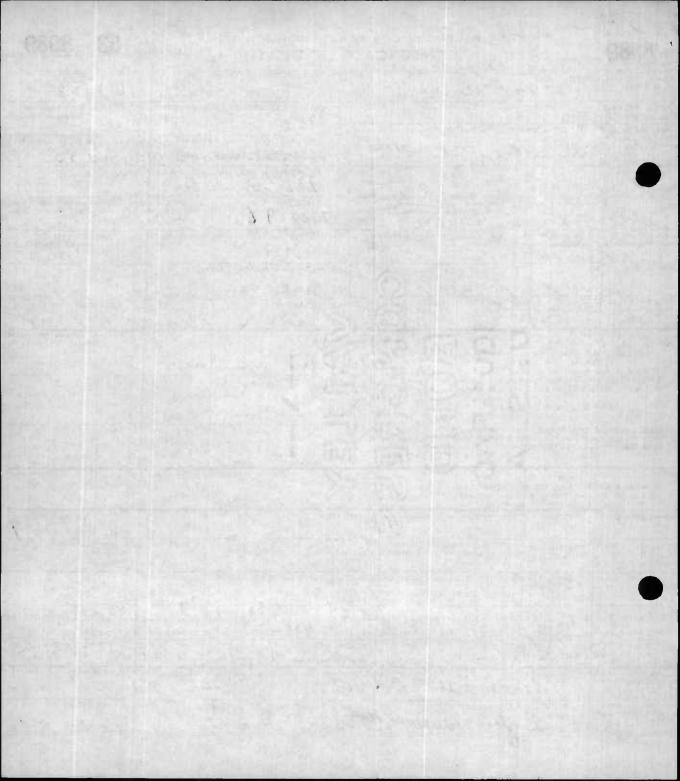
CERTIFICATI	E OF DEATH Registered No.
NAME OF DECEASED	2. DATE
pe or Print) MRS Louise Isabelle Big	95 DEATH 10-9-53
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
TULL NAME OF (If not in hospital or institution, give street address or	
Internation Union Memorial Herita	C. CITY OR TOWN (If outside corporate limits, write BULAL and give township)
and the thousand Hospita	Baltimore 14. LI WASHIP
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days	6406 Eastern Paullory
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify)	8. DATE OF BIRTH 9. AGE (in years) If Under I Year II Under 24 Hours last bigthday) Months: Days Hours Min.
. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired) Housewife	
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
TR John corge ohnsloh	Miss Eliza Baker
WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
042-22-0308	Ma Kobert Biggs Same
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	arronia RT. middle lobe
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	LECORIA WI. PETANCE COSE
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	unaice
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
II	
OTHER SIGNIFICANT CONDITIONS CON-	ys Post Pautum
TO THE DISEASE OR CONDITION CAUSING IT.	43 1951 1-6164
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
214 ACCIDENT WAS LINDER 218. PLACE OF INJURY (e.g., i	n or 21c. WHERE DID (If in Baltimore City, give exact location)
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	
ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from De	1 1953, to 6 7 9 , 1953, that I last saw the
deceased alive on Oct 9, 1955, and that death occur	rrea at 11 1 m., from the causes and on the date stated above.
23a. SIGNATURE 2	38. ADDRESS
M. D.	horion received temp 10-9-55
A. BURIAL, CREMA- N. REMOVAL (Specify)	
URIAL OUT 12.1953 BALTIMORE NI	
TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
CI U 533 Tuntangion Villagian	ULDRICH FUNERAL HOME 4210 BELAIR



- 5 4 3 8989 RTH NO.

CERTIFICATE OF DEATH Registered 53 8989

pe or Print) Mrs. Edna Mileinhold	2. DATE OF DEATH 10/9/53
PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
ULL NAME OF (If not in hospital or institution, give street address or	Md. BALTO.
FITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
Julian Horgital	Balante tu Wadack 22 township)
Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore 30 Days	LLZ Colgate ave. 5353
6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year Months: Days Hours Min.
. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
HOUSEWIFE	14 U WHAT COUNTRY?
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JESSE MOORE	MARCARET DUGAN
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
no or unknown) (If yes, give wer or dates of service) SECURITY NO.	HARRY J. REINHOLD - SAME
18. 20011 CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIFFERENCE	(0
(This does not mean the mode of dying, e.g., (A)	Malie Tymphoma
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	ATION
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e. g., in	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldge	
210 ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED DRY	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	29 , 19 53, to 10 3 , 19 53, that I last saw the
deceased affive on 1019, 1955, and that death occur	red at \$30 m., from the causes and on the date stated above.
23A. SIGNATORE,	38. ADDRESS 1 239 DATE SIGNED
Viennich Vien M.D.	Meren Ingilal Ball. 144. 10 3 53
BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETEL	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
30RIAL 10-12-53 MT. CARMI	EL BALTO. M.L.
E RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
CAL REGISTRAR	Welly Boshel hadly, Kurdolp, rest
VS 150	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE me or Print) OF DEATH PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore City, Maryland B. COUNTY (If not in hos FULL NAME OF ital or institution, give street and ress or SPITAL OR (lo ation) C. CITY OR TOWN (If rural, give location Yrs. D. STREET ADDRESS Mos. Length of stay in Baltimore

E. MARRIED

16. SOCIAL

WED DIVORCED (Specify)

BUSINESS OR

SECURITY NO

INDUSTR'

CAUSE

SING

Days

before admission) (If outside corporate Arries, Cat RURAL and give 9. AGE (In years | Il Under 1 Year | If Under 24 Hours | Months Days | Hours Min. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ADDRESS INTERVAL BETWEEN ONSET AND DEATH

WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 18. 4201

6. COLOR OR RACE

USUAL OCCUPATION (Giveking

done during most of working life, even if retire

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease. injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO

(C)

17 INFORMANT

DEATH

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or

(If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, office bidg., etc.) 21E. INJURY OCCURRED

DUE TO

21F. HOW DID INJURY OCCUR?

20. AUTOPSY

ME (Month) (Day) (Year) (Hour)

22. I hereby certify that I attended the deceased from.

NOT WHILE AT WORK

> that I last saw the Pm., from the causes and on the date stated above.

deceased alive on ID -19_ 23A, SIGNATURE

24a. DATE

and that death occurred at Id. 23a. ADDRESS

23c. DATE SIGNED

24D. LOCATION (City, town, or county)

24c, NAME OF CEMETERY

BURIAL, CREMA-

TE RECEIVED BY

REGISTRAR'S SIGNATURE

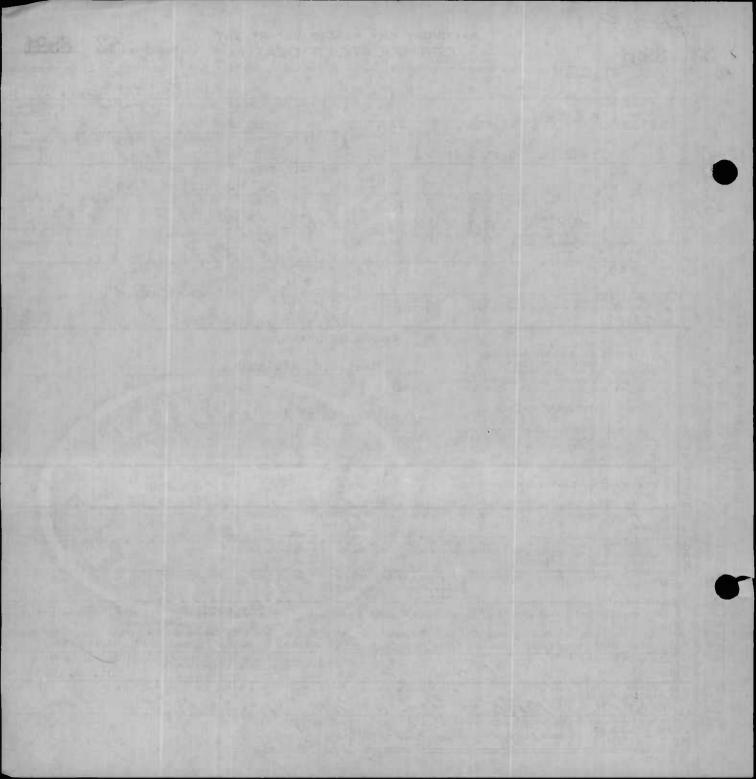
25. FUNERAL DIRECTOR

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lied		PLACE OF D		land				4. USUAL I	RESIDENCE (Where dec				esidence admission)
supplied.	В.	FULL NAME			l or institut	ion, give street :	address or location)	C, CITY OR	Maryland	d	1	0	0 1	AL and give
ily	IL	NOITUTITE	Frankli	in Saus	are Hos	spital			Baltimo				7	township)
N. P.				1			Yrs.	o. STREET	ADDRESS (I	f rural, giv	ve locatio	on)		
e ca legibiy	c.	Length of	stay in Balt	imore			Mos. Days		302 N. I	Parris	h St	reet		
l le	5.	SEX	6. COLOR	RACE		MARRIED.		8. DATE OF	BIRTH	9. AGE	[(ln yea	rs N Under	I Year III	Under 24 Hours ours: Min.
uld be		Female	Color		Will	OF BUSINES		Feb.	AGE State or	6	5			
shorlearly	wor	done during most	of working his o, ev	en if retired)	IOB. KINE		DUSTRY	Bal	15. 91	Val.	untry)	12.	WHAT	COUNTRY?
VDING information should s of death clearly an	13	FATHER'S	NAME	2				14. MOTHER	MAIDEN N	NAME	1/2/	lon		
BINDING of inform uses of dea		. WAS DECEAS				16. SOCIAL SECURIT	EV NO	17. INFORM	ANT	1		ADDR	ESS	
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OR item		DISEA	SE OR CON										ONSEL	ANO OEATH
VED FOR Every iten	1	(This doe	LEADING es not mean t	he mode of	dying, e. s	510 (A)	letast	atic car	cinoma	+0000+000000+0000+0	1000.00			
iD tery		heart fail injury or	ure, asthenia, complication	etc. It mean which ca	is the discas	e,								
RESERVED INK. Ever please write			ANTECEDE	NT CAUSI	ES									
ER K.	-					(B)	Carcin	oma of t	he breas	t		**************		************
RESEI INK. please	TION	RISE TO	S OR CONDI	AUSE (A)	STATING TH							1874		
F 12	FA	UNDERL	YING COND	ITION LAS	т.	(C)	*************					,		
MARGIN I UNFADING Physicians: p	Ü		,											
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MAN	ER		G TO THE DEA											
54	U	19A. DATE	OF OPERATIO	ON 19	B. MAJOR	FINDINGS C	F OPER	ATION					20. AU	TOPSY?
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	Ž	21D. TIME OF INJURY	(Month) (Da	y) (Year) (NOT WHILE	21F. HO	AULNI DID W	RY OCCU	R?			
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PL. ecia									Autopsy,	, Inspectio	n or lnq	uiry		
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E W				12	Pr	sher		D. MEDICA	NT MEDICAL L INVESTIGA	TOR	ER	Oct.		953
PLEASE correct ag	2	AA. BURIAL,	Specify)	DATE	200	CHAME OF	CEMETE	OR CREMA	TORY 240	COLATIO	A. C.	town, ob co	Glas	(State)
O. L.	TO.	ATE RECEIVE	D BY BEG	ISTRAR'S	SIGNATU	RE	C	25 FUNERA	L DIRECTOR	3 400	10.	AB	DRESS	322 4
щэ	L	OCAL REGIST	EDAD I	inting		Filliams	Anga	mark	of PI	1.00		Sel	New Jord A	1.
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Registered No 8992 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Oct. 9, 1953 JULIAN TENNYSON BENNS DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or US Public Health Service location) HOSPITAL OR (If outside corporate limits, white RURAL and give C. CITY OR TOWN INSTITUTION township) Raltimore 31st Wwman Pk. rrive D. STREET ADDRESS (If rural, give location) Yrs. 1324 Fulton Avenue Mos. c. Length of stav in Baltimore Days 9. AGE (In years M Under 1 Year Hours Min. 8. DATE OF BIRTH If Under 24 Hours 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)
Married 3/17/09 col 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR WHAT COUNTRY? INDUSTRY work done during most of working life, even if retired) Seafarer Rigger 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julian Benns Eliza Carey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Records - US PHS Hospital, Balto, Md. 28-03-2883 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Cerebral edema and congestion Recent heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Encephalomalacia left cerebral cortex Recent CATION I- Arterial hypertension linknown DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 2- Hypertensive cardiovascular Ilnknown disease 11 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY7 WAS PERFORMED Malignant CAUSE OF DEATH, ENTER IN YES X hyper tension PART I OR PART II 21c. WHERE DID (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDERLYING | 21B. PLACE OF INJURY (c. g., in or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK

WORK 22. I hereby certify that I attended the deceased from

deceased alive on Oct. 9 19 53 and that death occurred at. 23A. SIGNATURE J.A. Hunter, Clinical Director

24A. BURIAL, CREMA-

REGISTRAR'S SIGNATURE

M. D.

23B. ADDRESS

1953 that I last saw the

24c. NAME OF GEMETERY OR CREMATORY

m., from the causes and on the date stated above.

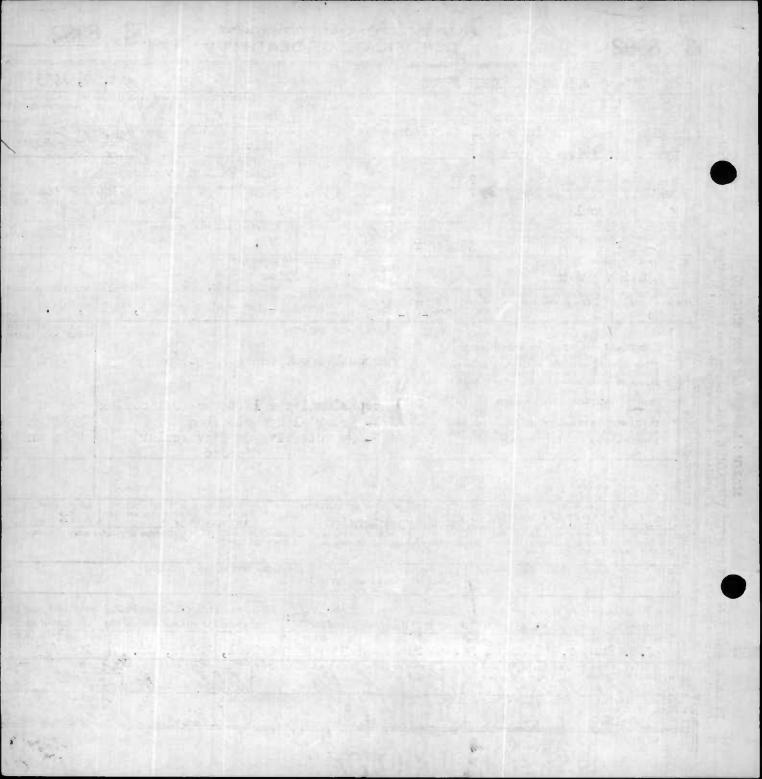
US PHS Hospital, Balto, Md.

21F. HOW DID INJURY OCCUR?

VS 150

LOCAL REGISTRAR

DATE RECEIVED BY



PLEASE WRITE

VS 150

INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN 21C. WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? , 1923, that I last saw the 1953, and that death occurred at 4:36P m., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City. (bwn, or county) ADDRESS

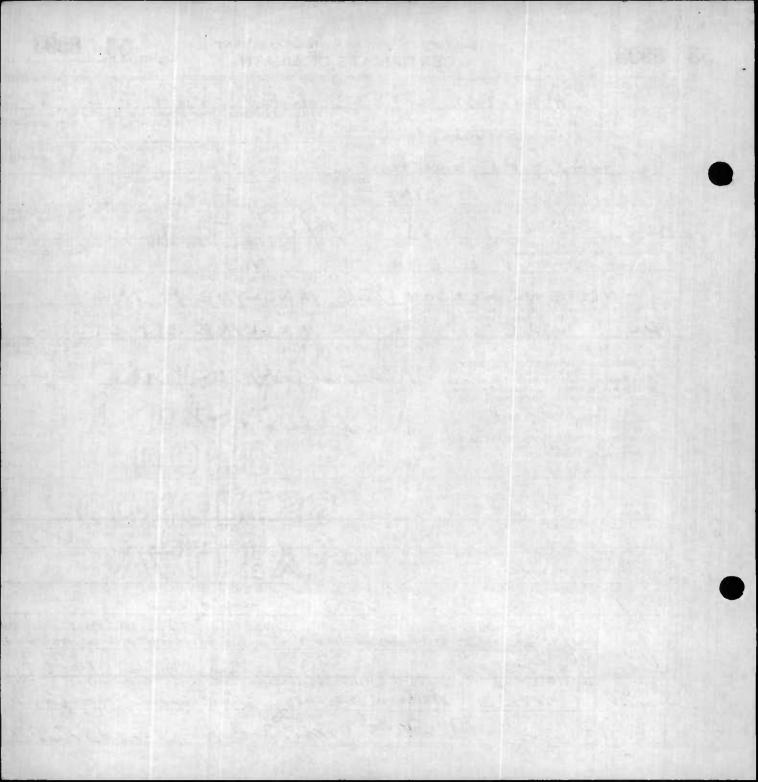
before admission)

write RURAL and give

If Under 1 Year

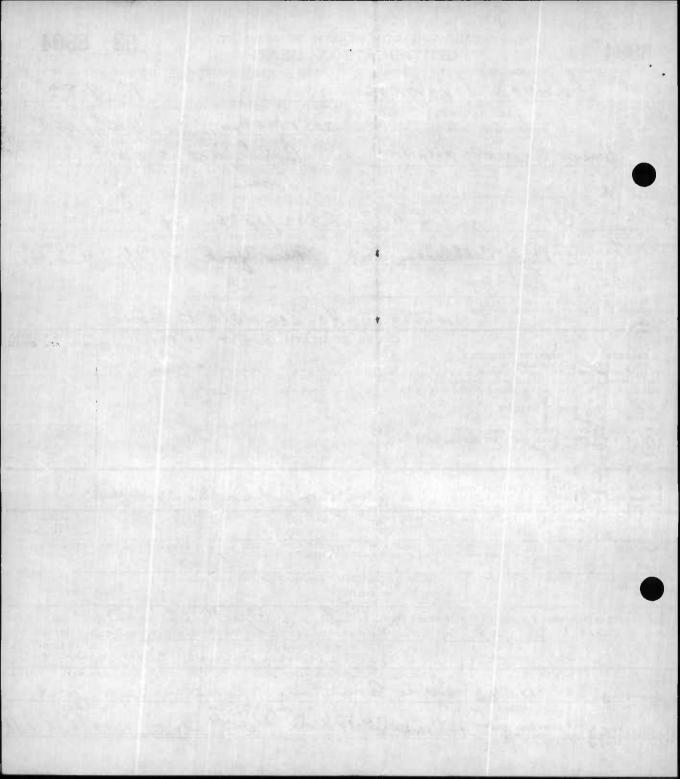
12. CITIZEN OF

WHAT COUNTRY?



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE pe or Print) ELWARD OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence PLACE OF DEATH: lleine before admission) Baltimore City, Maryland B. COUNTY A. STATE COMAS 2051 Me Ave, FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location) (If outside corporate limits, write RURAL and give STITUTION Union MemoRIAL HOSPITA une 22 Md Yrs. o. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 6. COLOR OR RACE If Linder I Year 7. SINGLE, MARRIED. 9. AGE (In years) WIDOWED DIVORCED (Specify) last birthday) Months; Days Hours; Min. more A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR done during reason working the even if satired)

Rethlehem He 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS no or unknown) SECURITY NO. GINALA B. Roberto No 104-03-0118 POINTIZA. INTERVAL BETWEEN ann ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH bilateral lower tobe (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CONpassive confestion lungo-diabete TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH IME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? URY WHILE AT NOT WHILE WORK 19 53 to 19 53 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 10 - 19 53 and that death 19 3 and that death occurred at_ am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county Korne 6 eme 25. FUNERAL REGISTRAR'S SIGNAT TE RECEIVED BY DIRECTOR CAL REGISTRAR VS 150 JJ3



B-256

VS 150

. 5	} BI	8995 RTH NO.		ВА	LTIMORE CITY HE			53 Registered		
	1.	NAME OF DECEA		E. Bu	chheimer	2. DATE OF DEATH October 9, 1953				
supplied.	Α.	PLACE OF DEATH Baltimore City,	Maryland		tion, give street address or	4. USUAL RES			f institution : residence before admission)	
ly su	H	OSPITAL OR	002 Kevin		location)					
ca	c.	Length of stay i	Baltimore		Yrs. Mos. Days	1002 Kev		ural, give Meation)		
ld be and l	5.	SEX 6.CC	LOR OR RACE	WIDOV	E. MARRIED. WED, DIVORCED (Specify)	Feb. 3, 1		9. AGE (In years last birthday)	h Under 1 Year on the Days Hours Min.	
on should be	10 worl	A. USUAL OCCUPA done during most of worki	TION (Give kind of ag life, even if retired)	10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN O				
ath		t. Sheet Me				14. MOTHER'S				
BINDING of inform	15	. WAS DECEASED EVI	R IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMAN	т		ADDRESS	
R BIND m of in	(Ye	n, no or unknown) (If	yes, give war or dates	of service)	212-14-2220 A	Mrs. Mabel Weber, 1002 Kevin Road				
ESERVED FO NK. Every ite ease write the	NO	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (A) CAUSE OF DEATH Octomary Occlusion DUE TO (B) ATTERIOR SCLOROLLE - Cardes -								
MARGIN R. UNFADING I Physicians: pl	FICAT		OVE CAUSE (A) CONDITION LAS		(c)	arcular Disease 6				
MAR INFA	CERT	TO THE DEA	ANT CONDITIONS TH BUT NOT R	ELATED T						
hti .	AL	19A. DATE OF OP	W	AS PERF	ITION FOR WHICH OF		PART I O	F DEATH, ENTER PART II	IN YES NO	
LY, WITH	4EDIC	21A. ACCIDENT V OR CONTRIBUTION DEATH (NOTIFY M	G CAUSE OF	abou	B. PLACE OF INJURY (thome, farm, factory, etreet, office		HERE DID (If in Baltimore City	, give exact location)	
A A	-	21D. TIME (Mont) OF INJURY	(Day) (Year)	(Hour) m.	21E. INJURY OCCURRI	LE	נאו סום אכ	URY OCCUR?	(
TE PL		22. I hereby cer deceased alive	m. V C		e deceased from and that death occur		9, to(m., from the		53that I last saw the the date stated above.	
WRITE ge is est		23A. SIGNATURE	mar L	49	odd M.D.	2/08 8	34 Pa	ul 84.	10/9/53	
ASE ct ag	Z. Ti	4A. BURIAL, CREMON, REMOVAL (Specify burial	10/12/9	53	Lorraine Park			ocation (City, tow	m, or county) (State) Maryland	
PLEASE correct ag	D	ATE RECEIVED BY	REGISTRAR'S	SIGNAT	Villians Jak	Won. 6	DIRECTOR	1217 St	Paul Street	

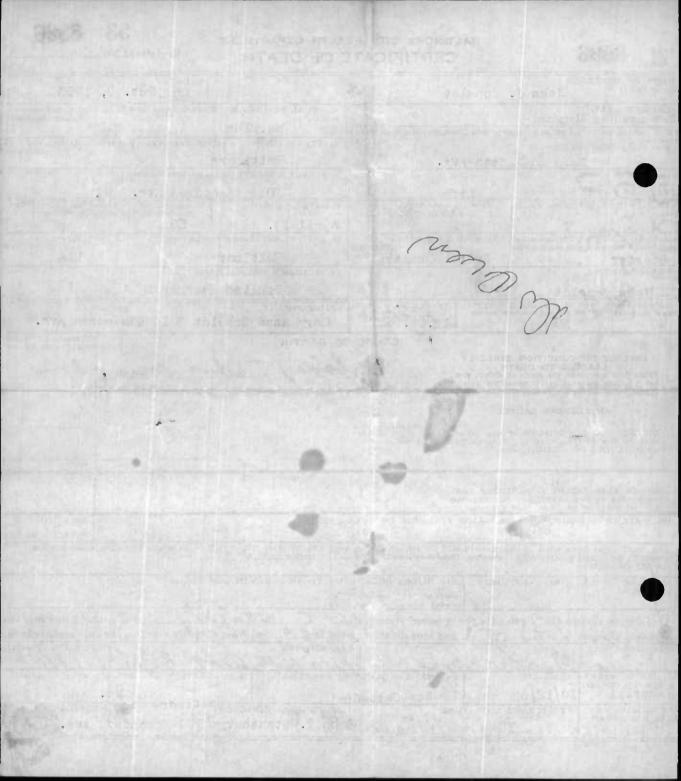
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	8996
Registered No	

vpe or Print) John J	. Schel	.dt		2. DATE OF DEATH Oct	. 9, 1953
PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, B. COUNTY	If institution: residence before admission)
FULL NAME OF (If not in hosp	ital or institu	tion, give street address or location)	Marylan		
STITUTION 3014 Edmo	ndson A		c. CITY OR TOWN Baltime	/	mits, write RURAL and give township)
0023 2021		Yrs.	D. STREET ADDRESS		
Length of stay in Baltimore	Li	fe Mos.		mondson Ave.	
SEX 6.COLOR OR RACE		E, MARRIED, WED, DIVORCED (Specify)	April 13. 1894	9. AGE (in years last birthday) 59	Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?
Starter	Bali	co. Transit	Baltimo		USA
. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Jehn Scheldt			Pauline	Eberhardt	
. WAS DECEASED EVER IN U.S. ARM. b. no or unknown) (If yos, give war or da NO NO	ED FORCES?	16. SOCIAL SECURITY NO. 213.05.9622	17. INFORMANT Mary Anna Sch	eldt 3014 Ed	ADDRESS mondson Ave.
LEADING TO DE, (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L OTHER SIGNIFICANT CONDITION	of dying, e. ans the disea caused death SES IF ANY, GIVII D STATING TAST.	86, h.) DUE TO (B) NG HE DUE TO (C)	long Tw	ranoe,	s 5/22.
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION					
19a. DATE OF OPERATION	198. MAJOF	R FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PL	ACE OF INJURY (e. g., in farm, factory, street, office bldg., of	n or 21C. WHERE DID	(If in Baltimore City	y, give exact location)
OURY (Month) (Day) (Yea	m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJU	RY OCCUR?	
22. I hereby certify that I a	tended the	deccased from 6	C+ 5 , 1953, to	10/9 15	53, that I last saw the
deccased alive on Oct 5			red at & A. m., from		
23A SIGNATURE	Tre		SB. ADDRESS Med Dta Bo	Sg- Balto	23c. DATE SIGNED
A. BURTAL, CREMA- 248. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, to	wn, or county (State)
Burial 10/12/5	3	New Catheda	rel	Be2 +i	Md.
CAL REGISTRAR	lugion		25. FUNERAL DIRECTO		address
VS 150	0	322	51		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

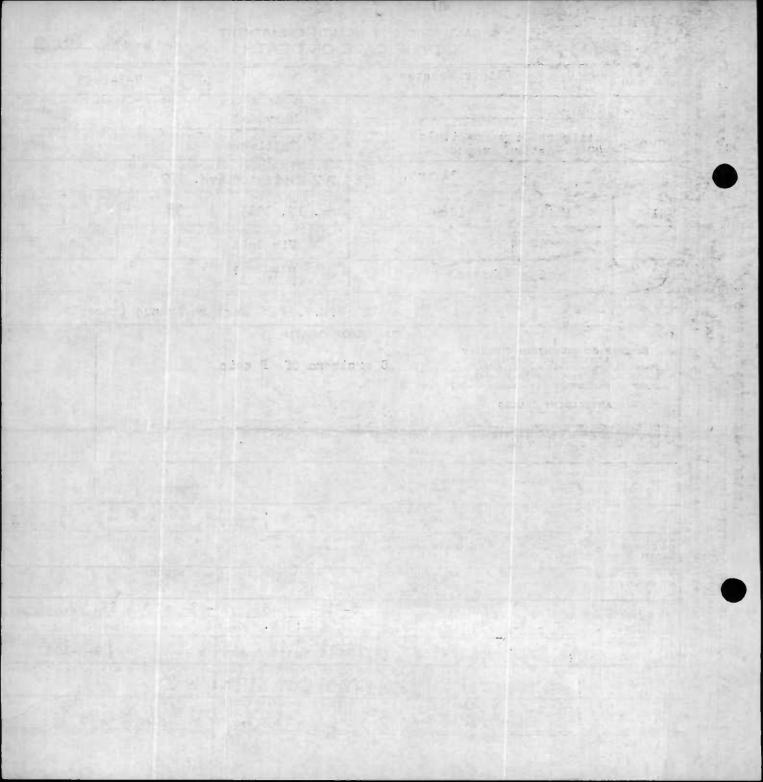
53 Registered No-

BIRTH NO.				•				
1. NAME OF D (Type or Print)	ECEASED	Nancy S	Smith			DATE 8-27	-1953	
3. PLACE OF D A. Baltimore (City, Maryland	al or institut	ion, give street address or	A. STATE	ryland			esidence admission
HOSPITAL OR INSTITUTION	Baltimore Ci 4940 Eastern	ty Hos	pitals location)					
c. Length of s	tay in Baltimore		Yrs. Mos. Days		DRESS (If rural		3	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE WIDOW Single	E, MARRIED,	e. DATE OF BI	RTH 9.	AGE (In years last birthday)		Under 24 Hours ours Min.
10A. USUAL CC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	Marylar	E (State or foreign	n country)	12. CITIZEN WHAT C	OF
13. FATHER'S	William Smj	ith (d	eceased)	14. MOTHER'S Lucy Be	maiden name rkley (dec	ceased /	4	/
15. WAS DECEASE (Yes, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	B.C.H.	T 1940 Eastel		ecords)	
heart failu injury or Z O DISEASES RISE TO T	LEADING TO DEAT not mean the mode or re, asthenia, etc. It mea complication which of ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	ns the diseas saused death SES F ANY, GIVIN STATING TH	e, .) DUE TO (B)	cular Meni	agitis			
La IO INC	NIFICANT CONDITIONS DEATH BUT NOT I	RELATED TO	THE					
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OR CONTRIE	ENT WAS UNDERLYIBUTING CAUSE OF	about	. PLACE OF INJURY (bome, farm, factory, street, office	e. g., in or 21C. Wilhidg., etc.)	HERE DID (If in	Baltimore City,	give exact lo	cation)
21D. TIME (OF INJURY	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	E	YAULNI DID WO	OCCUR?		
	y certify that I att		and that death occur	red at 5:15]	53, to 8 -			
23A. SIGNA	TURE th	gr Con		38. ADDRESS 1940 Easte:	n Avanue		8-27-1	
24A. BURIAL, O TION, REMOVAL (S	Pecify)	0	24C. NAME OF CEMETE			TION (City, town		(State)
DATE RECEIVE LOCAL REGIST		SSIGNATI	or Williams	25 FUNERAL	DIRECTOR .	a: d- 11	ADDRESS	157
VS 150	1000	0	7		Humi	mayor &	1 EULANA	2 100

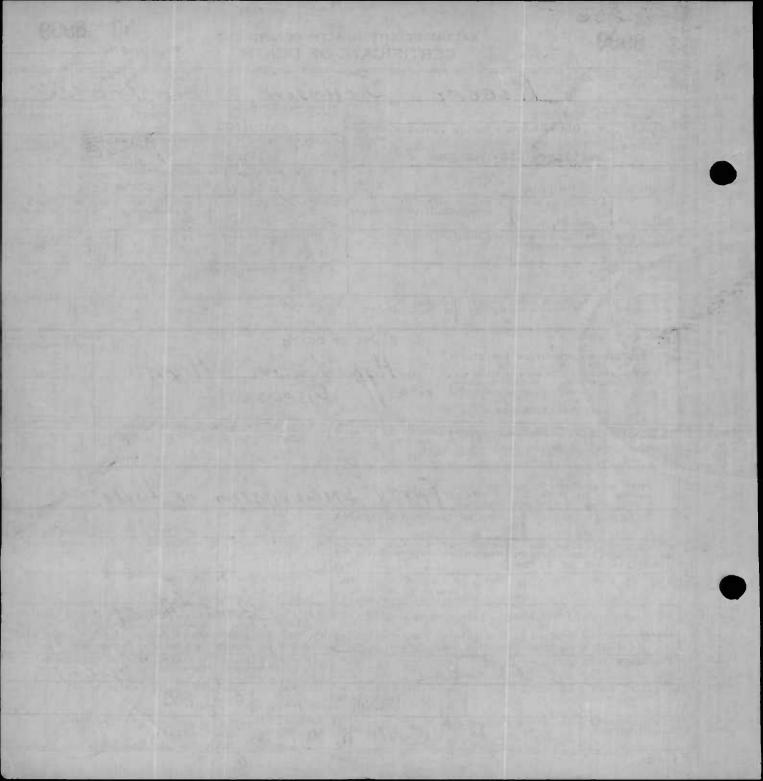
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Every item of information should be	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
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ITH UNFADING INK. Every iter	Physicians: p
LY, WITH	important.
LEASE WRITE PLAN	orrect age is especially
D	00

W In	23				The section of the section of			
BIRTH NO.	8998	CERTIFICATI		m e i mbes	8998			
1. NAME OF (Type or Print		Oather Webster		2. DATE OF DEATH 9-3-				
	City, Maryland	al or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission Maryland					
	Rollimore Ci	ty Hospitals location)	c. CITY OR TOWN Baltimo	(If outside corporate limits,	write RURAL and give township)			
c. Length of	stay in Baltimore	21 yrs. Yrs. Mos. Days	707 Newingto	on Ave. #17				
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH Nov. 15, 191	9. AGE (in years Human) Mon	Inder 1 Year H Under 24 Hours the Days Hours Min.			
	OCCUPATION (Give kind of set of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Star Virgin:		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S	Sam Sam	Webster	14. MOTHER'S MAIL	DEN NAME				
15. WAS DECE/ (Yee, no or unknown	ASED EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. 4940	Eastern Avenue (re	DRESS ecords)			
O DISEAS RISE TO UNDER	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) LLYING CONDITION LA	F ANY, GIVING STATING THE DUE TO (C)						
DISEASE	OF OPERATION		DEPATION LE	OPERATION WAS RELATED TO	20. AUTOPSY?			
AL	0	VAS PERFORMED	CA PA	ART I OR PART II	YES NO			
OR CONTE	DENT WAS UNDERLY RIBUTING CAUSE OF COTIFY MEDICAL EXAMINE	jubout home, farm, factory, street, office	(e. g., in or bldg.,etc.) INJURY OC	DID (If in Baltimore City, a	give exact location)			
210. TIME OF INJUR	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE	INJURY OCCUR?				
22. I her deceased	6 0	1953, and that death occur	rred at 1:30A m.,	to 9 - 3 - 19 5 from the causes and on th	that I last saw the date stated above.			
23A. SIGN	\$2 John	m Pan M.D.	4940 Eastern		9-3-1953			
24A. BURIAL TION, REMOVAL		24c, NAME OF CEMETE UNIVERSITY		24b. LOCATION (City, town, open 1953)				
DATE RECEIVED A CONTRACTOR LOCAL REGION LOCAL REGION LOCAL REGION LOCAL REGION LOCAL REGION LOCAL REGION LOCAL RECEIVE LOCAL REC		s signature / liams	25 FUNERAL DIRE	ctor Williams	ADDRESS			
VS 150	. (053)			•				



T	-52	5				5	3 8999					
5	BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered N											
	. NAME OF D Type or Print)		OBER	2+ Je	HNSON	2. DATE OF DEATH	-6-53					
	Baltimore City, Maryland				4. USUAL RESIDENCE (W		If institution: residence before admission					
В	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)					outside cornorate lin	pite uwite RIIRAL and giv					
1	NSTITUTION	Baltimore Ci	ity Mora	que	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore							
				Yrs. Mos.	D. STREET ADDRESS (If rural, give location)							
-		tay in Baltimore		Days	1814 N. Charles Street							
1	Male	6.COLOR OR RACE White		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.					
1 wo	OA. USUATIOC rk done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BURTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY					
1	3. FATHER'S MAME				14. MOTHER'S MAIDEN NAME							
		N			0							
1 (Y	5. WAS DECEAS:	ED (BVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS					
ERTIFICATION	(This does heart failt in jury or DISEASE	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It mes complication which ANTECEDENT CAUS S OR CONDITIONS, 17 HE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. g ns the disease caused death SES F ANY, GIVIN STATING TH	G (B)	erteusive Disease	Heart	ONSET AND DEAT					
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED FATTY INFILTRATION OF LIVER TO THE DISEASE OR CONDITION CAUSING IT.											
C	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER			20. AUTOPSY?					
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	about home, fa	CE OF INJURY (e. g., irm,factory,street,office bldg.,		f in Baltimore City	, give exact location)					
Σ	21D. TIME OF INJURY	(Month) (Day) (Year		HILE AT NOT WHILE WORK AT WORK		OCCUR?						
	22. I certify that I took charge of the remains described above, held an FORMAL HUTOPSY ther											
	the evand de	idence obtained by eath in my opinion	said Auto resulted f	psy, Inspection or I	Inquiry, find that said do	Inspection or Inquisoccased died on [], homicide []	the day stated above					
	23A. SIGNA	TURE 8	Fist		23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	OR .	9-6-53					
1	4A. BURIAL.	CREMA- 24B. DATE Specify)	2	UNIVERSITY	MEDICAL SCHOOL SEP. 2	6,1953	h, or county) (State)					
	ATE RECEIVE		S SIGNATU	Williams	25. FUNERAL DIRECTOR	Williams	ADDRESS					
1	7 S 151		0		0	A Value of Bart and	V					



53	3000 170650		TIMORE CITY HE			Registered 1	v. 900	0		
1. NAME (Type or Pr	OF DECEASED					2. DATE OF DEATH 9-1	8-53			
	of DEATH: ore City, Maryland		on, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admissi						
HOSPITAL INSTITUTI	OR Baltimore	City H		C. CITY OR TOWN (If outside corporate limits, write RUR. B altimore				L and give township)		
c. Length	of stay in Baltimore	27718	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 118 S. Bond St City 31						
5. SEX	6.COLOR OR RACE	7. SINGLE.	MARRIED. ED, DIVORCED (Specify)	J mly 27 1	-000	9. AGE (In years last birthday)	t Under Year Honths Days Ho	Under 24 Hours ours Min.		
	L OCCUPATION (Give kind of g most of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	S . Saroli		eign country)	12. CITIZEN WHAT C	OF COUNTRY?		
	R'S NAME Roundtree			14. MOTHER'S M	AIDEN NA	ME				
15. WAS DE (Yes, no or nal	(If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT (Records)	4940 I	astern Ave	DDRESS			
Z DISI	ANTECEDENT CAUSE ANTECEDENT CAUSE EASES OR CONDITIONS, II TO THE ABOVE CAUSE (A) DERLYING CONDITION LA	ES F ANY, GIVING STATING THE ST.	(B) DUE TD (C)	nema of Ste						
DISE	ER SIGNIFICANT CONDITIONS THE DEATH BUT NOT I ASE OR CONDITION CAUSING ATE OF OPERATION 1	RELATED TO	THE WHICH OF	PERATION		IDN WAS RELATED TO DEATH, ENTER				
21A. AT OR COL	CCIDENT WAS UNDERLY! NTRIBUTING CAUSE OF	NG 218.	PLACE OF INJURY (eme, farm, factory, street, office	e. g., in or 21C. WH	PART I OF	PART II	YES L	eation)		
Z 1D. TI OF INJ	ME (Month) (Day) (Year) URY	1E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE CONTRACTOR DE LA CON							
decea	22. I hereby certify that I attended the deceased from 5-2.6-53, 19, to 9-18-53, 19, that I last saw the deceased alive on 9-18-53, 19, and that death occurred at 10.45 cm., from the causes and on the date stated above 234. SIGNATURE 1. 235. PATE SIGNED									
24A. BUR TION, REMO	IGNATURE IAL. CREMA- VAL (Specify) ZEIVED BY REGISTRAR EGISTRAR		M. D. 4C. NAME OF CEMETE	4940 Mete:		CATION (City, town	9-18-5			
vs	150	7 30	the second	8 9 9	3 6					

Include seal a melainte AND REAL PROPERTY. 125 C. Tent St. 125 73 4 188 manifered to D The middle and in the second Mendada in to mind to the later Selfo, 65 . 30559